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		FOR STATE		AENT OF HEALTH AND MENTAL HYG	IENE O Z	00100
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
AMER	(TYPE	AURE!	LIA PROTEO	BAILEY	mapall	7 1951 1139
WIN	3 SE		A RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
a lice.	I	emale	White	12 10 1896	85	MONTHS DAYS HOURS MIN
dire	7a. BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUNT	Y OF DEATH
72 h	1	IRPINIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	м
within within	10 C	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS O
filed w		alisbury	Peninsula Ge	neral Hospital	House WiFe	OWN HOM
20 20	130 S	TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION] N 13d INSIDE CITY LIMITS?	134. STREET ADDRESS	
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S = 0 3 (M	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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hysician. certificate l-transit pe ntal Hygier Item 18 sl		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		YEAR 21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
is cert ial-tra lental or Iter	ŏ.			19		
o Je si	AEDICA	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
After this ce s the burial-t th and Menu marked or II	MEDICAL		21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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	1	FOR - STATE REGISTRAR	DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYOFICATE OF DEATH	GIENE 8 4	0 8	1 5 9
1		ECEASED NAME FIRST	WIDOLE		LAST	REG. No 20 DATE OF DEATH		EAR 26 HOUR
	1,	Shirle	v Marie		REDWELL	March 20.	1982	8.45 4
	3 SE		4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER	
- Li		female	white	Mar	ch 6,1926 **	56	YRS	DAYS HOURS MIN.
3		SIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	The CITIZEN OF WHAT COUNTRY? U.S.A.	8	D NEVER MARRIED	9 BALTIMORE CITY O		TH
De la		Salisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Deer's Head Ce	ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATE (TYPE OF WORK EOR MOST OF Home maker	F WORKING LIFE) INDU	IND OF BUSINESS OR
nine must be		Md. Kent	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t, CITY OR TOW Worton MIDDLE 1AST	E AOMISSION) /N	13d INSIDE CITY LIMITS? YES NO XX 15 MOTHER'S MAIDEN NA	13e. STREET ADDRESS none (Box#81)	
ex 7)	David Benjamin	Joiner		Mary	Elizabe	th M	inner
medica		WAS DECEASED EVER IN U.S. ARI [YES NO OR UNKNOWN] [IF YES, GIV NO	MED FORCES? (E WAR OR DATES) 166 SOCIAL SECUL 218–16–7		Mr. Walter J	oiner ,Rock		. 21661
any injury, or ather traumatic even	CERTIFICATION	Conditions, il only, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) POOT 4 DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF DEATH BUT	NOT RELATED TO THE TERM Th (R) fuller	CINOMA C METERSTAS	DITION GIVEN IN PA	INDINGS USED
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Hem 1		OR CONTRIBUTING CAUSE OF DEA	311	AY YEAR				
is marked or ft	MEDICAL	7 Id INJURY OCCURRED WHILE NOT WHILE AT WORK	718. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		ZII LOCATION	CITY OR TO	wn COUN	TY STATE
		77a. I certify that (I) (this hospit saw the deceased alive on, above, (I) (we) (did) (did not 77b. SIGNATURE	11		, 19	, to death occurred on the da	ote and hour and Iron	m the couses stated DATE SIGNED
EN		77d. PHYSICIAN'S NAME (TYPE OF	Miestra.	-	ATTENDING PHYSICIAN [MEDICAL STAF		
MPORTANT: If Hem 21		Maheswari Shi			Deer's Head	Center, Sa	lisbury, 1	d. 21801
_		BURIAL, CREMATION, REMOVAL (SPECIEY) Burial	V.		EMETERY OR CREMATORY Chapel Cemete	23d LOCATION CITY OF TOWN PTV Rock Hal	l . Kent	Co. Md.
/B1		uneral director lfenbein-Hubbaro	d Funeral Homes C	heste	er , Md. 21019	E REC'D. BY REGISTRAR R 26 1982	756 REGISTRAD'S SIC	NATURE MATHER

DHMH - 16 50M 1/B1 (VRA 15, 4)

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FOR - STA

STATE OF MARYLAND

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DNAME	FIRST		WIDDLE	£.	AST .	20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOUR	R A
(F)	Eller	1	M	BING	MAH	March 9	1	982	6:00	
		4. RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	-	JNDER I YEAR	IF UNDER 2	24 HRS
EWALE		WHIT	E	OC!	r. 13, 1897	84 YRS		HHS DAYS	HOURS	MIN.
ACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER WARRIES D	9 BALTIMORE CITY OR COUN	TY OF	DEATH	-	
J.	U.S.A.			WIDOWE	DINEVER MARRIED DIVORCED	T.T.*			MD.	
town of D	TOWN OF DEATH 11. NAME O		HOSPITAL, NURSING HEACHLITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING NONE)		12b. KIND O INDUSTRY	F BUSINE	SS OR
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S NAME FIRST			LAST		15. MOTHER'S MAIDEN NAI	ME MIDDLE		Į AS	T	10
CEASED EVE OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI 262-43-1		17 INFORMANT HOSPITAL R	ADDRESS ECORDS		15		100

	Par is essellioni ilan		APPROXIMATE INTERVAL
DARTH DEATHLAND CAUSE	ily one couse per line for (o), (b), and (c).		BETWEEN ONSET AND DEATH
MMEDIA	TE CAUSE (a) Dan donuemonia		11 day
4850	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if any, which	(b)		
gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PART 110
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		YES NO	YES NO
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART 2)

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M 19 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN

COUNTY STATE

STATE

opinion death occurred on the date and hour and from the causes stated and that in (my (our) DEGREE 2% DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Deer's Head Center, Salisbury, Md. 21801

30. BURIAL, CREMATION, REMOVAL	23b. DA1
(SPECIFY)	
BURIAL	3/

221 PHYSICIAN SNAME THREE PERIT

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

22a. I certify that (I) (thi

22k SIGNATURE

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN COUNTY PATERSON

BP DHMH-1650M1/81

FUNERAL DIRECTOR:

WILSON FUNERAL HOME

Inja J. Hwang, M.D.

ADDRESS SALISBURY , MD.

MAR 2 9 1982

23d. LOCATION

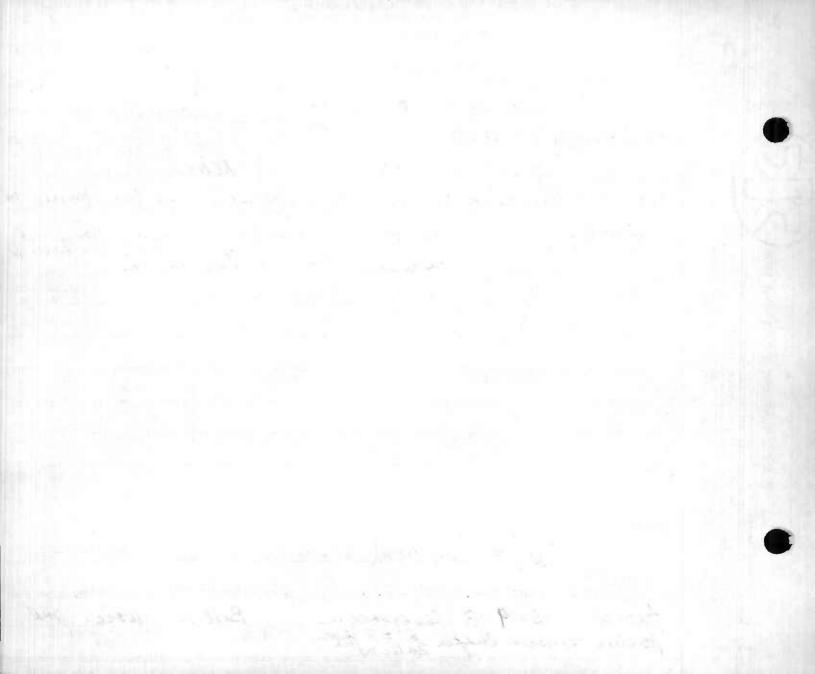
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4 0	1-	FOR STATE REGISTRAR	ME	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENT JER'S CERTIFICAT	TE OF DEATH	0 8 I	0 0
(M)		CEASED NAME FIRST	0010 (O+O A	BOWEN		WN XX MONTH DAY	YEAR 26 HOUR
IS NECESSARY, PLEASI F. E. FUNERAL DIRECTOR F. E. S. FOR YOUR FILES FO. WITHIN 72 HO. 81	3. SE	le black	ON 10 S. DATE OF BIRTH MONTH DAY 12 12 12	YEAR LAST BIRTHE	ARS IF UNDER 1 YR. IF	NDER 24 HRS. 20. DATE PRONOUNCED DEAD	MONTH DAY	YEAR 7:50A
	10 C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOM	E, OR OTHER INSTITUTION	WARRIED Wicomic	CO County ON (TYPE OF WORK 12b KIND	MD
D. 21201 IF ANY DELAY 2, AND 310 TH 3. RETAIN PAG SHOULD BE FIL		ALISPITY AT RESIDENCE (IT IN HURSING HOME TATE) ATHER'S NAME	Penins or other institution of nty or cester	Sula General SIVE RESIDENCE BEFORE ADMISS 134. CITY OR TOWN 15 CHILLI		13. STREET ADDRESS	ele ave of	erlin, The
ALTIMORE, MI AFTER DEATH. IVE PAGES 1. VIVE PAGES 1. VIVE PAGES 1. VIVE PAGES 1.	16a V	VAS DECEASED EVER IN U.S. A	MIDDLE RMED FORCES? E WAR OR DATES)	Oliver 16b. SOCIAL SECURIT	, 13	antara a	un Bo	Sales. H
RDS, 201 W. PRESTON ST., BL EXECUTED WITHIN 24 HOURS. INGS" IN PENCIL IN ITEM 18, G ICAL EXAMINER ALONG WITH A BURAL - TRANSIT PERMIT, PA HAND MENIZAL HYGIENE, DIV MATION, OR REMOVAL.	7	Canditions, if any, which gove rise to immediate couse (o) stating the under lying couse last. PART 2 DTHER SIGNIFICANT (DNOITION)	ED BY: ATE CAUSE (a) DUE TO, OI (b) DUE TO, OI (c)	Sudden in: R AS A CONSEQUENCE R AS A CONSEQUENCE	OF		APPR BETWEE	ROXIMATE INTERVAL EN OMSET AND DEATH
IVISION OF VITAL RECO CERTIFICATE SHOULD BE TING THE WORD "PEND DED TO THE CHIEF MED 33 SHOULD BE USED AS, DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CRE	CAL CERTIFICATION	190 DATE OF OPERATION 2TO EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216 TIME O HOUR A./	DFÍNJURÝ M. MONTH DAY YEA M. 19	RATION WAS PERFORMED	? CURRED (ENTER NATURE OF INJURY IN	YE	ITOPSY?
DIVISION THIS CERT WARDED PAGE 3 SHORT TATE DEP	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE STREET, FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f LOCATION STREET	City OR TOWN	COUNTY	STATE
MEDICAL EXAMI CUTE THE CERTIFIC GE 4 SHOULD BE FUNEAL DIRECT FOREATH, WITH I		220 I certify that I taak chardeath resulted fram: Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	byets	Accident . Si	M.D.ASSIST	ant MEDICAL EXAMINER	DATE 3-2	26-82
P	230.8	URIAL, CREMATION, REMOVAL WWW. UNERAL DIRECTOR JOLLEY MEM	3-27-80 ous Co	2 PARE OF CE	METERY OR CREMATORY	PATER BY REGISTERS 25	WOLLS	Jul.



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DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINT Anna Doris March 6, 1982 Carev 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS. Female White Oct. 26. 1912 69 Ta. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Salisbury, Md WICOMICO DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury 229 Canal Park Drive School Teacher public AUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION School 130 STATE 113b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 229 Canal Salisbury Park Drive Wicomico YES | Maryland NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE William Pope Laura Kellev 160, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT same as 13 (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 218-16-9683 Mr. Howard Carev (husband) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only ane cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 AICONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (our) opinian death accurred on the date and haur and from the causes stated saw the deceased alive on. and not view the bady after death 77h SIGMATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OR PRINT 22e. ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

Md.

Kav Ave.,

Salisbury, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Salisbury, Wic., Maryland

23d. LOCATION

DHMH - 16 50M 1/76 (VR A 15 (4))

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24 FUNERAL DIRECTOR HOLLOWAY FUNERAL HOME, Salisbury,

Roger C. Merrill:

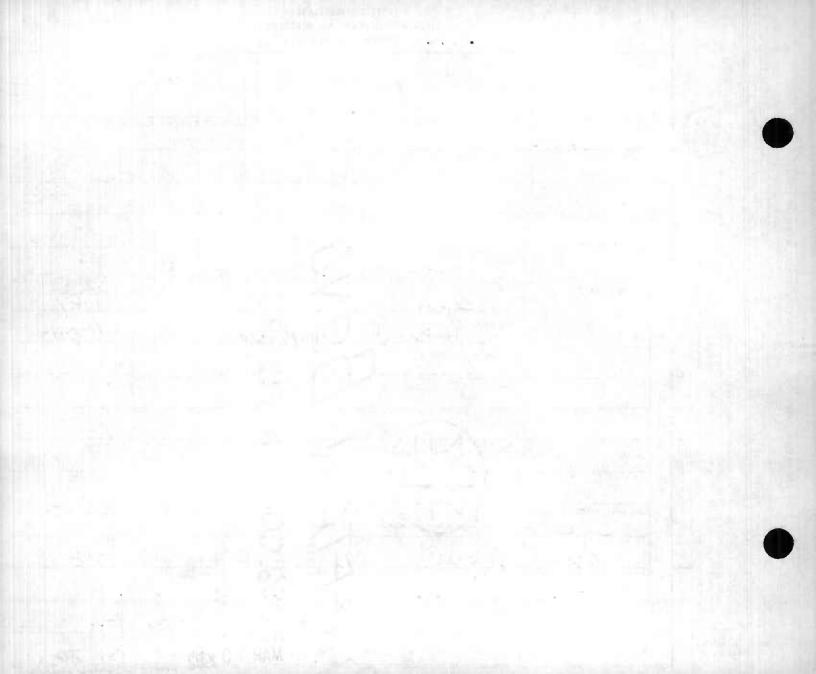
23b. DATE

3/9/82

23a. BURIAL, CREMATION, REMOVAL

Burial

M.D.

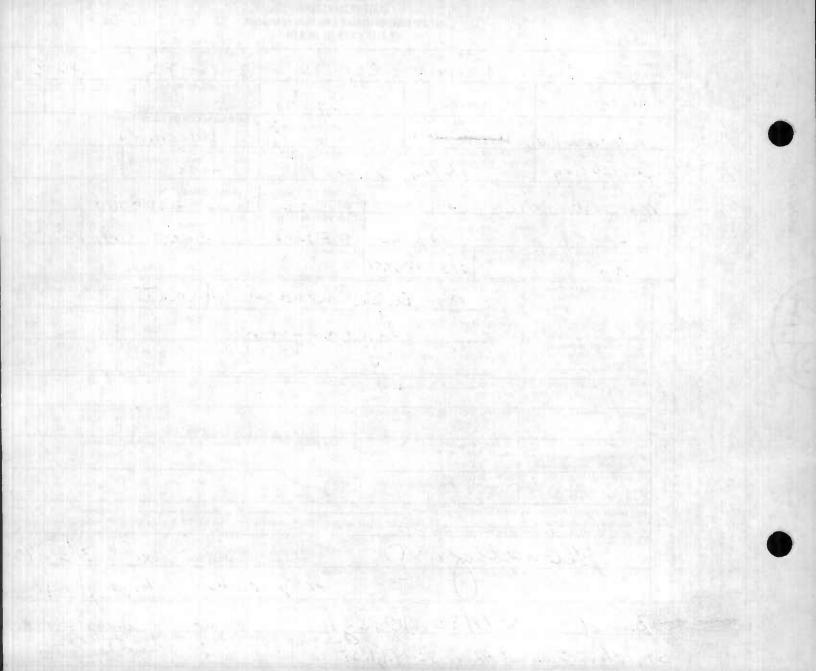


8		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO				
		CEASED NAME	FIRST		MIDDLE	- 1	AST		20 DATE OF DE		ONTH I	DAY YEAR	26 HOUR	-
7.5	TITTE	Charle	es		R	Co	reu		Mar	ch	12	1982	UA.	٨
0.0	3 SE	X		4 RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTH		IF UNDER I YEAR		
1	1	Male.		Whit	e	OC		1929		52	YRS	MONTHS DAYS	HOURS MIN.	ı
(7a B	IRTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMORE			OF DEATH		_
		"Delaware		Ţ	SA	WIDOWE		NORCED [Wi	com:	ico		M	. [
1 10	10 €	ITY OR TOWN OF DEA	HTH		HOSPITAL, NURSIN		R OTHER INS	STITUTION	12a USUAL OC				OF BUSINESS OF	R
\$00		alisbury		Penin	sula Ger	eral	Hosp	ital		ired		C) II OOSTKI		
db db	13a		136 COUN	¥TY	GIVE RESIDENCE BEFORE		13d. INSIDE	CITY LIMITS?	13e STREET ADI	DRESS				
should		MD	Wic	omico	Salis	oury	YE	NO 🗌	8II S	5. I	ivis	sion S	t	
0.	14. F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	AIDDLE		LAS		Ī
O STA		Willi			Carey		Lil	lian	_	Mae		Rua		
ges		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRES	S			
Po B		No			218-20-	7748	Mrs	Albe	nta A (lare	V			
avol.		18 CAUSE OF DEAT	H (Enter on	ly one cause per			. 0			1	.7	APPROX	IMATE INTERVAL ONSET AND DEATH	=
vent		PART I. DEATH W	'AS CAUSE	D BY. E CAUSE (0)	ma	11 (00l G	Memm	No a	um				_
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cre		underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF								
or or		PART 2 OTHER SIGN	JIEICANT C	(c)	ONITRIBILITING TO D	EATH DUT	NOT DELATE	D TO THE TERM	INTAL DISEASE O	2000	71011011	511 01 01 07 1		=
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D any	CERTIFICATION	190 DATE OF OPERAT	TIÓN	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFO	ORMED	20a AUTOPS	Y?	20b. IF YES	, WERE FINDIN	NGS USED	-
per sue p	E								YES TO N	оп	IN CERTIF	YING CAUSES	OF DEATH?	
Hygiene 18 shows	1 8	21a. ACCIDENT WAS UND	DERLYING T	21b. TIME C			21c. HOW II	NJURY OCCURE	RED (ENTER NATURE				140	-
em 18		OR CONTRIBUTING			M. MONTH DA		100							
Mentol Amentol	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE	M,	19	211. LOCATE	ION						_
ond ed o	A.	WHILE NOT WH	ILE		REET, FACTORY OFFICE, FA	RM ETC }	STREE		C	ITY OR TOWN	٧	COUNTY	STATE	
alth o		AT WORK AT WOR	SK			714		· · ·		21.		05		_
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D + E		above, (I) (t) view the body	ofter death.) (opinion i	death occurred a	i the dote	e ond nour			
Dep Dep		22b. SIGNATURE	VII	N A			DEGREE	ATTENDING	MEDICAL	STAFF		22c DATE	SIGNED	
State I			401	Jumo			ILLU	PHYSICIAN [DIRECTOR	PHYSICIA	N	5/1	16/82	
STAP		22d. PHYSICIAN'S NA	ME VIYPE O	A .			22e ADDRE	SS		C.		0 0	00	Ī
with the		30500	MV	W. (5	RASSO		1300	5.	hursun	1 74		rales.	1/101,	
₩ 3 ≥	23a. l	BURIAL, CREMATION,	REMOVAL	236 DATE	23(N	AME OF C	EMETERY OR	CREMATORY	23d LOCATIO					=
		(SPECIF Burial		3/14	/82 W:	comi	co Me	em. Par	rk Sal	is.		Wic	only	
50M 1/B1	24 F	UNERAL DIRECTOR		- 7 77 -		1.8 1		250. DAT	REC'D BY REGION AR 1919	SIRAR 2	REGIST	BAIL	1 tours	-
15, 4)		Witson F	uner	al Hom	e ADD SE.	lisbu	iry,	Md M	AR 1919	382	12000	0	1	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR



1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 6 2,	0 8	13
1. DE	ECEASED NAME BELLE FIRST	MIDDLE	CONAWAY,	March 12,	1982 DAY YEAR	3:15 P.
1. SE	Y Female	AA 7	5. DATE OF BIRTH MONTH 2 - 28 - 1885	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
	md	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED	BALTIMORE CITY O		MD.
8		er's Head Cent	er	(TYPE OF VOR FOR WEST O	DN F WORKING LIFE) 12b. KIND INDUSTR'	OF BUSINESS OR
130	md Some	ER INSTITUTION, GIVE RESIDENCE BEFORE 134 CITY OR TOW	YES NO M	1130 SEDEET ADDRESS	Rin, P.o.	
1	ATHER'S NAME MID	Callma	15. MOTHER'S MAIDEN NO	va MIDDLE		AST
lán	WAS DECEASED EVER IN U.S. ARME (YES, MOJU UNKNOWN) (IF YES, GIVE W		Minusie Ba	nber. 103	113 lon dei	Faifig
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED 8 IMMEDIATE C	Y: Dank	/	ease	APPRO BETWEEN	NONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) ACUANCE DUE TO, OR AS A CONSEQUE	d attenastenhe	cardiouax dis	relen ye	axs
NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONT	DITION GIVEN IN PART	1(0)
CERTIFICATION	190, DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH D/ P.M.	19	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART OR PART 2)	Second
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TO	NN COUNTY	STATE
	22a.1 certify that (1) (this basenal) sow the deceased olive on	ottended the deceosed from_	and that in (my) (our) opision	death occurred on the do	ote and hour and from the	that (1) (we) ast

22b. SIGNATURE Inja J. Hwang 230 BURIAN CREMATION, REMOVAL

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

THE DATE/SIGNED

Deer's Head Center, Salisbury, MD 21801

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provided

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or offending physicion.

BP.

should be detoched for use as the burial-transit permit. Their please remove cortains with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

MPORTANT: If them 21 is marked or them 18 shows

injury, or other troumotic event,

23h DATE 24 FUNERAL DIRECTOR

DEGREE

Tallette Soul, SI mornet Sandall St. 1902 - Sella Today Company to the state of t delay call and the Found a beat Center, Tallaburg, 10,22801 Milk Transmitter of the Committee Co William Court Hill Stranger Continued in the Stranger Continued in the

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k		FOR - STATE REGISTRAR	DEPARTMENT OF H CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 3 &	081/5
	3 SE	Male	RACE S DATE OF MONTH White Janu	DEBIRTH OAY YEAR WALLY 8, 1902	March - 2 6. AGE (IN YEARS LAST BIRT 80	MONTHS DAYS HOURS MIN.
ss ofter death. By the funetal filed within 72 h	10. C	Painia Irainia	MARRIE U.S.A. NAME OF HOSPITAL, NURSING HOME OF PENINSULA GENERAL	DIVORCED DIVORCED	9. BALTIMORE CITY O WICOMICO	DN 12b. KIND OF BUSINESS OR
rithin 24 hour	M	AL RESIDENCE (IF NURSING HOLLORO) STATE INDECOUNT OF VOICE ATHER'S NAME AND AND AND AND AND AND AND AN	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y STEP COMO KE	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13s. STREET ADDRESS	Street
imore, mar nond comple Poges Land		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY NO. NAR OR DATES) 088-09-0313	Celeste 17 INFORMANT Burbara Fo	, LIDORY	Fontaine Fontaine Ke City, Md
DS, 201 W. PRESTON ST., BALTIM quires that the death certificate be signed by the attending physician of hen please remove carbanpopers. Plan bural, cremation, or removal. ijury, or ather traumatic event, the mit	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	1 63/1 / 6/1	Roval for	ILUVE MINAL DISEASE OR CONE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WONTH. J YOUR STOOLS DITION GIVEN IN PART 110
VITAL RECOR N: The law red hysicion. Ircate has been ronsit permit. If Hygiene prior h 18 shows ony ini	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE STATE OF PART 2)
DIVISION OF VITAL RECORD DING PHYSICIAN: The law requor attending physician. After this certificate has been steed to the burial-transit permit. The oith and Mental Hygiene prior to marked or Item 18 shaws any injury	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220. Certify that (1) 2this haspital	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	711. LOCATION STREET	CITY OR TO	VN COUNTY STATE
TO HOSPITAL OR ATTENION HOSPITAL OR PROPINGLE TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He with the State Dept. of He		276 SIGNATURE 276 PHYSICIAN SNAME (TYPE OR P	view the body after death.	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	O S S S
DHMH-1650M1/81 (VRA 15, 4)			11/10/	Methodist Co	23d. LOCATION POCONOK TE REC'D. BY REGISTRAR	e Worcester Md.

Melson Pocomo Ke City, Md

THE RESERVE OF THE PARTY OF THE DULINOUS X - 457 - KINNING Maryland Waterster Francis I & S. E. L. H. Steel William T. Charles Calente Calente Com Persons in the Same State Committee C

7				STA	TE OF MARYLAND				
	1 -	FOR STATE REGISTRAR	3 ()	5 ;	10				
		CEASED NAME FIRST AGA	THA	CRO	ekett	REG. NO	MONTH DAY	YEAR 26	HOUR O
	3. SEX	FEMALE	Colonered	MON	OF BIRTH TH DAY - 1903	6 AGE (IN YEARS LAST BIRT	YRS	DAYS HO	UNDER 24 HRS DURS MIN.
5		MARYLAND	The citizen of what country $\mathcal{U} \mathcal{S} \mathcal{A}$.	MARRI		9. BALTIMORE CITY O	R COUNTY OF DE	ATH	MD.
C	Sa.	ITY OR TO WIN OF DEATH Lisbury F	(IF NOT IN SUCH FACILITY, GIVE STA Peninsula Ger		OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) IND		USINESS OR
5	13g S	AL RESIDENCE (IF NURSING HOME OR TATE 13b, COUN ARYMAND Wic	TY 13c. CITY OR TO		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	chawtac:	s Au	SAL'S
0	14 FA	Eclivard	MIDDLE COTTUNA	w	Christa	WE	DAS	hiE/	//
		VAS DECEASED EVER IN U.S. ARI (ES, NO PRINKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SE	CURITY NO.	ZELLING D	AWSON 120	2/	intacs	AUE.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.		DUENCE OF	sema		В	APPROXIMATI ETWEEN ONSE	EINTERVAL T AND DEATH
	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING T	1 21	NOT RELATED TO THE TERM	INAL DISEASE OR COND	SITION GIVEN IN F	PART 110	
2	CERTIFICATION	190. DATE OF OPERATION J	196, CONDITION FOR WHI	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO P	20b. IF YES, WERE IN CERTIFYING O	AUSES OF	USED DEATH?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA) P.M.	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR	PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	AN COL	YINU	STATE
		270.1 certify that (ii) (this hospit saw the deceased glive an above, (lylwe) (pid) (did not	3-6 19	12 mg	and that in (my (aur) apinion of	death accurred an the da		am the cau	
		22b. SIGNATURE	ham IN	agel	ATTENDING PHYSICIAN	MEDICAL STAF	F	3-6-	and the same of th

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the shauld be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval

DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE

GEN HOSP.

23d LOCATION MARGELA

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17	STATE OF MARYLAND	3 1 7 3
73	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 4	3 1 1 0
	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
ω÷	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
o .	Robert LEE DRUMMUND MARCH 12/19	4-12 AM
2	MONTH DAY YEAR	DER 1 YEAR IF UNDER 24 HRS
我别)!	THE BIGCK SEPT. 11, 1925 56 YRS.	
1	OUNTRY) MARRIED NEVER MARRIED	EATH
622	WINDOWED DIVOKED	MD. KIND OF BUSINESS OR
		DUSTRY
2	AL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	roller
\$23	TATE 136 COUNTY 131 CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 186	0.0
9	THER'S NAME IS MOTHER'S MAIDEN NAME	1100
701	Here Pull and was the first	LAST
- /	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	/
Poges medico	15. NO ORUNKNOWN) (18 YES, GIVE WAR OR DATES) 227-38-5951 hela in horummond - Or	Panti Un
the the	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
movel.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Clubral Senior	
or re	4310 DUE TO, OR AS A CONSEQUENCE OF	
flon, oum	Conditions, it ony, which (b) Augustinsian	
), cremo	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
0 2	underlying cause lost (c)	
hen pl to buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART lia
- 6 6	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WEI	RE FINDINGS USED
Mentol Hygiene pr	IN CERTIFYING YES \(\text{VES} \(\text{NO} \)	CAUSES OF DEATH?
4ygre	210. ACCIDENT WAS UNDERLYING 7 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART IC	
Hem 18	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
ond Mentol	21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION	OUNTY STATE
olth ond marked	WHILE NOT WHILE AT WORK AT WORK OFFICE, FACTORY, OFFICE, FARM, ETC. STREET CITY OF TOWN C	OUNIT STATE
le olth		, that (I) (we) lost
2 9 5	sow the deceased alive an	from the couses stoted
te Dept.	22b. SIGNATURE DEGREE	224. DATE SIGNED
detoch lote De	Lelen M. Mildado M. DATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	
the Stot	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 5 47 F. RIVERSID	E, DRIVE
should be de with the Stote	HELEN M. BALDado SALISBURY D	nd 21801
5 3 ≧	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	olely/ STATE
	13 pind 3-20-82 Navis Com. attante and	mack its
50W 1/81	INERAL DIRECTOR 250. DATE REC'D. BY REGISTIVE ADDRESS.	<u>Especialist</u>
5, 4)	Memmae, 1/a, 1374 AR 1 8 1982	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.				
26. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
MARCH 6,19	82		41	3
6. AGE (IN YEARS LAST BIRTHDAY)	1F UNDE	RIYEAR	IF UNDER	24 HRS
8/ YRS.	MONTHS	DAYS	HOURS	MIN
9. BALTIMORE CITY OR COUNT Wicomico		ATH		
				N
12a. USUAL OCCUPATION	12b.	KINDO	F BUSINE	55 O

MAR 4 RACE 5. DATE OF BIRTH

MARRIED NEVER MARRIED

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital

12a. USUAL

DIVORCED [

16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

17 INFORMANT

13d. INSIDE CITY LIMITS?

ADDRESS

MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED	77 - VO VD
IMMEDIATE	CAUSE (a)
5314 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF
gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF

MONTH

PART 2. OTHER SIGNIFICANT CANDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0

IN DATE OF OWNATION

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMPLE)

ACCIDENT WAS UNDERLYING

IS CALISE OF BEATH (F.

PM 21e. PLACE OF JINJURY (A) HOME STREET ACTOR OF ICE, FARM, E1C)

21b. PIME OF INJURY

HOUR A.M.

DAY YEAR 19 211 LOCATION

CITY OR TOWN

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

PHYSICIAN

COUNTY

22b. SIGNATURE

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR 1 DECEASED NAME

Salisbury

220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we refind to do not vise the body of the

22e ADDRESS

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL

10s AUTO-

22c. DATE SIGNED DIRECTOR PHYSICIAN

I	22d.	PHYSICIAN'S	NAME	(TYPE	OR PR	ij
4					-	r

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR COL

23d. LOCATION

CERTIFICATION

0

MPORTANT:

236 DATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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and the second s The Committee of the Co Little brown and the company of the party of the company of Control of the contro . El Control of the Control of the Control Mark Land Company of the State Lagreen Ed the state of the state of the state of the state of La de de la companya with a participant of a property of the participant of the participant

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H	1-	STATE REGISTRAR		N				RTIFICATE		LI SHE	G, NO.	0	0 %
//		CEASED NAMI	E FIRST		MIDDLE		LA	ST	20	DATE KNOW	VN X MONT	TH DAY YE.	AR 26. HOUR
SE ES. ET,	1	CORPRINT)	ELB:	ERT	R.		ELS	EY	780	OF ESTI	0 0 3	-22-82	5:30 F
PLEASE RECTOR JR FILES. HOURS	3. SE	(4. RACE	5. DATE OF BIR		6 AGE IN YEAR LAST BIRTHDA	ARS IF UND	DAYS HOURS		DATE	MONT		AR 2d HOUR
53003		RTHPLACE (S)	Black	Th. CITIZEN OF		78 YR	S.			DEAD		NTY OF DEATH	\$:30,1
の機関の	FC	REIGN COUNTRY	TATE OR	1	1. 5.	IRY?	MARRIED WIDOWEL	NEVER MARK	RIED	Wicom	_	NIT OF DEATH	MD MD
SECTION.	ID. C	TY OR TOWN		11. NAME OF H	HEACHITY GIVE ST	PEET ADDRESS)			12a. USUA	L OCCUPATION	(TYPE OF WOR	OR INDU	BUSINESS
A SAMOO	USUZ	Salis	Dury	Penin				spital	1-2	dn cb	JW.	atem	1 71
IMORE, MD. 21201 FIFE DEATH IF AN DI FORM PM. 3. RH FORM PM. 3. RH FORM PM. 3. SHOULD FORM PM. 3. RECORD FORM PM. 3. RECORD	13a S	TATE Md	. Wico	TY		or town		d. INSIDE CITY LIMITS? YES NO	13e. STREE	baddress Box	5	Zip 9	1840
DEATH. DEATH. GES 1, 2 AND 2 AND 2 AND 2 AND 2 AND 3	14 F	LAST T	xull	MIDDLE 5	15e)	AST	1:	S. MOTHER'S MAID	2 h	1973	red	LAST	
S A S IN	16a. V (Y	VAS DECEASEI	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)		IAL SECURITY		Lille	Belle	/	X N	Antice	He, MS
ON ST., BA 24 HOUR: ITEM 1B. C LONG W PERMIT. P GIENE, DIN		18 CAUSE O PARTIDE	F DEATH (Enter and ATH WAS CAUSED	ly ane cause per l DBY: TE CAUSE (a)	line far (a), (b), Cereb	ond (c).)	emor	rhage,	Spont	aneous		APPROXIV BETWEEN O	MATE INTERVAL
WITHIN 24 HC CIL IN ITEM INER ALONG ANSIT PERMI			ns, if any, which		OR AS A CON			ic Card	iovas	cular	Disea	se ye	ars
DS, 301 W. PRESTC EXECUTED WITHIN YOU'S IN PENCIL IN IN ICAL EXAMINER A BURRAL'RANSIT A AND MENTAL HYGON, OR REMOVAL.			se to immediate stating the <u>under-</u> se last.	DUE TO,	OR AS A CON						704		
AL RECORDS, 301 W VILLD BE EXECUTED "PENDING" IN PE IIF MEDICAL EXAP IEF AEALTH AND MEF CREMATION, OR R		PART 2 DTHER SH	GNIFICANT CONDITIONS	(c) Contributing to dea	ATH BUT NOT RELAT	TED TO THE TERMI	NAL DISEASE O	R CONDITION GIVEN IN P	ART 1 (a).				
RECORDS, JID BE EXE PENDING" F MEDICA F MEDICA HEALTH AN REMATION	NO.				SE HU								
VITAL REG	CERTIFICATION	190. DATE OF	OPERATION	19b. CON	DITION FOR V	WHICH OPER.	ATION WAS	PERFORMED?			914	20. AUTOF	
CERTIFICATE SHOTTING THE WORD TING THE CHIE E 3 SHOULD BE US E DEPARMENT OF PRIOR TO BURKEL,		210. EXTERNA	L CAUSE WAS		OF INJURY	DAY YEAR	21c HOV	V INJURY OCCURR	ED (ENTERNAT	TURE OF INJURY IN 17	TEM 18 PART 1 OR		J NO-
ERTIFICA ERTIFICA ING THE ED TO T 3 SHOULI SEPARTMI	MEDICAL		NG CAUSE OF D		P.M.	19	21f. LOCA	TION					
N A A A A A A A A A A A A A A A A A A A	WEG		NOT WHILE C	STREET, F	FACTORY, FARM, ET	(AT HOME,	STRE			CITY OR TOWN		COUNTY	STATE
		22a. I certif	fy that I taak charg	(2000)	described abar	ve, held an	Autopsy	, Inspectio	an X	Inquiry X	and in my	apinian	
EXAMINE: CERTIFICA UID BE FO DIRECTOR WITH THE		death resulte	ed fram: Newyr	al causes X,	Accident	L, Sui	cide 🔲.,	Hamicide	Undeterr	mined manner	<u></u>		
ZAL EX THE CB SHOUL SHOUL ATH, V ATH, V		ACTUAL SIGNATURE	111	1	/		M.D.	Deputy	MEDIC.	AL EXAMINER	DAT SIG	TE 3-23	3-82
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOIL TO FUNERAL DIRECTOR: BALTIMORE, MARYLAND,	-	EXAMINER'S	NAME Farl	L. Ro	yer, l	M.D.	AD	DORESS 409	Camde	n Ave.	, Sal	lisbury	, Md.
Bb	230.B	URIAL CREMA	TION, REMOVAL 2	3/201	82 123CN	Jame OF CEN		e Com.	23d. LOC.	TOWN	cke"	DUNTY MJ.	STATE
DHMH - 17 (VR A15 ME (5))		NAME NAME	6 00	7932 ADDR	RESS D	2	26.2	250. DATE	REC'D. BY R	EGISTRAR 25b.		SIGNATURE	
15M7/77	IVI 6	ssick	Funera	1 Home	, Blva	alve,	Md.	LMA	2619	182 My	aces &	an This	ben

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	The myster and the second of t

Odessa HARRISON EminiSER MARCH 23, 1982 LE . W. 11-7-1916 65 Female VIRCINIA U.S.A. V indicated Property of Street Boundary Value to VIREINIA ROCOMACK ACCOMAC Reese HARRISON Odessa LORMACK 215-14-0058 From Many Williams 12 -BURIAD 3-35-83 Wachenger - Washenessell FA Malday a. Relleton - Welling - 44

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX COUNTRY 10 CITY OR TOWN OF DEATH Salisbury 13a STATE

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MEDICAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a DATE OF DEATH March 18.1982 IF UNDER 1 YEAR IF UNDER 24 HRS

5. DATE OF BIRTH 16-76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

YES

FORD

LAST

BALTIMORE CITY OR COUNTY OF DEATH DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Wicomico 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR WORK FOR MOST OF WORK INDUSTRY acheb 1 WATERM ZA

NORSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION VHEZUEW 14 FATHER'S NAME

MIDDLE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Deer's Head Center

Edward

15. MOTHER'S MAIDEN NAME 17 INFORMANT

13d. INSIDE CITY LIMITS?

EZHEM, 52

160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b)

PART I. DEATH WAS CAUSED BY:

STATE OR FOREIGN

Cereprovasiva accident hemipleara

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

DUE TO, OR AS A CONSEQUENCE OF

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUJ NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16

PHYSICIAN

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION

20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

anhasia

710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE

21f. LOCATION CITY OR TOWN COUNTY

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

13e STREET ADDRESS

220.1 certify that (1) (this hospital) oftended the deceased from_ sow the deceased alive on. obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE

ATTENDING MEDICAL STAFF

22c. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME TYPE OF PRINT

22e ADDRESS

Deer's Head Center, Salisbury, Md. 21801 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

DEGREE

24 FUNERAL DIRECTOR

Uxhers Com

250 DATE REC'D. BY REGISTRAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

DIRECTOR

d b IMPORT,

LIBROR STREET Haron To, 1982 Vico ico Salisoury Deer's Mess Cunter Land German Island Manay M. TUSTIN, M. O. Deer's Nord Center, Salisbury, No. 25001 Complete the second of the state of the complete state of the comp

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

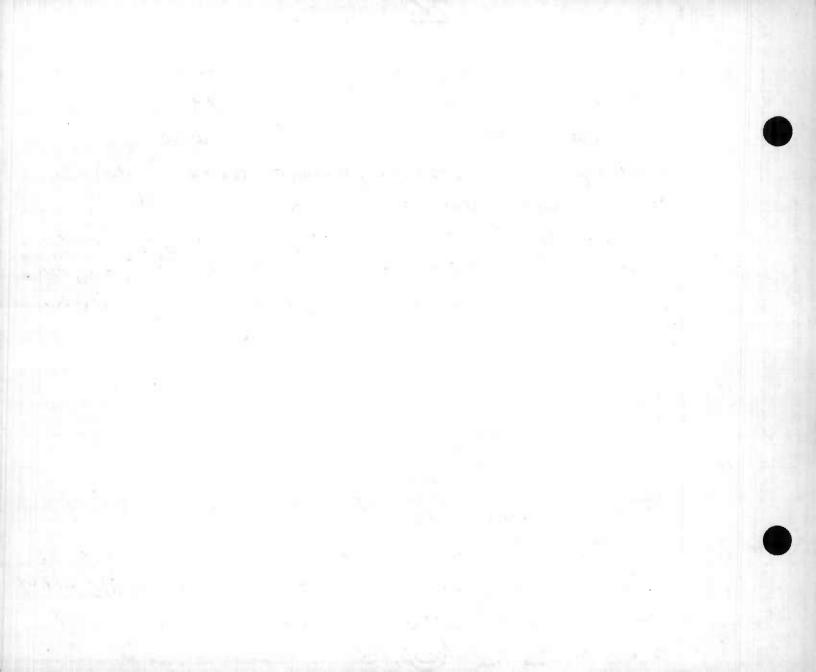
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	1 -	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE A CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME OR PRINT) Nellis	2 Whil	25 G	B.SON	20 DATE OF DEATH MARCH	MONTH DAY	963 950	
16	. SEX	FEMALE	4 RACE WHITE	MONT	N.23, 1907	6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DER 1 YEAR IN UNDER 24 HR	
野村	a 811	RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF D		
=60 A		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR Peninsula Gen	SING HOME		12g USUAL OCCUPATION (1YPE OF WORK FOR MOST OR RETIRED	ON 12b	NESS COUSTRY	
· 女压!	3a. S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		13e STREET ADDRESS 912 JACKS	SON STR	EET	
221		THER'S NAME FIRST EORGE PERSON	MIDDLE LAST		GEORGANN	ME		LAST	
le medicol		(IF YES, GIV	MED FORCES? 166 SOCIAL SE 217-1		17 INFORMANT MRSIDA MOC	ORE SALIS		MD.	
ijury, ar other tra	NO	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN IN	PART Ito	
ows ony ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?	
pro 1,073	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	10	DAY YEAR 19	216 HOW INJURY OCCURR				
orkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC		STREET	CITY OR TO	WN CC	OUNIY STATE	
t. of Heo m 21 is n		22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not	3/15 10	#2. or	d that in (my) (aur) apinion o	eoth occurred on the do			
NT: # He		22b. SIGNATURE			ATTENDING PHYSICIAN	MEDICAL STAF	F _	2c. DATE SIGNED	
MPORTAN		JUSEPH Z	BADROS		5ALI	5 BURY	nd.	AVE 21801	
	B	URIAL CREMATION, REMOVAL	, ,	PARSO]	EMETERY OR CREMATORY NS CEMETERY	SALISE T			
M 1/81 24	4 FU	WILSON FUNE	RAL HOME SA	LISBU	RY, MD.	MAR 1 7 EE	26 RECHIRAR'S	Chature Warth	

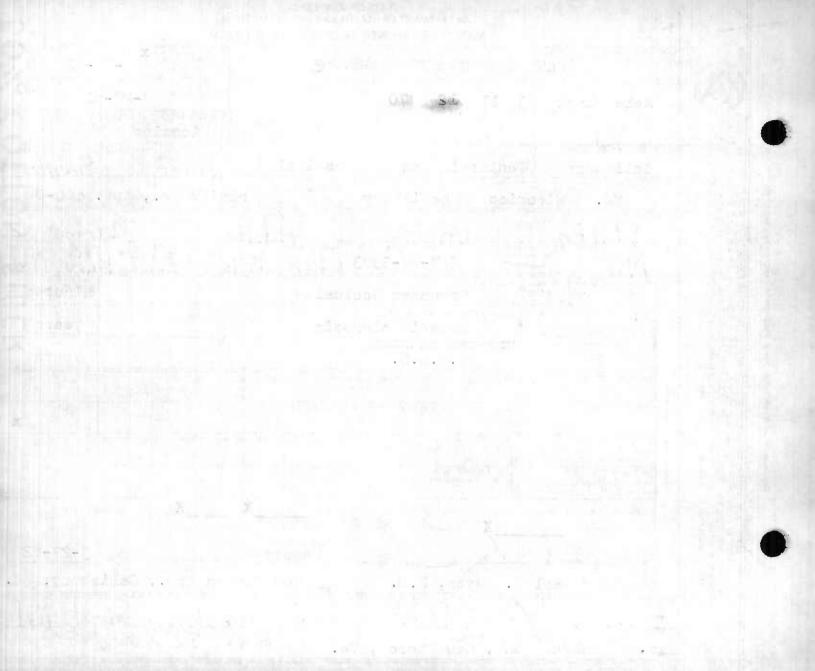
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



1		OR TATE		DEPARTMENT O		IARYLAND I AND MENTAL H	YGIENE	2	0 8	1 3	8
		EGISTRAR	MI	EDICAL EXAMI	NER'S C	ERTIFICATE C	F DEATH	REG	NO.		
		EASED NAME FIRST ORAN	TLE	COULEY	GRE	ENC ENC	2a. DA	ATE KNOWN OF ESTI- ATH MATED	3-2	8-82	8 P
3	. SEX	Male Black	5. DATE OF BIRTH	1 2 6. AGE (IN	YEARS IF UN	IDER I YR. IF UNDER	24 HRS. 2c. [DATE OUNCED DEAD	HINOM	DAY YEAR	2d HOUR
1	7n. BIR	THPLACE (STATE OR EIGH COUNTRY)		VHAT COUNTRY?		ED NEVER MARR	IED 7. BA		Y OR COUNT	.17	
35		Y OR TOWN OF DEATH	JIF NOT IN SUCH !	DSPITAL, NURSING HO	1		12a. USUAL O			171 KIND OF BU OR INDUSTI	
		Salisbury RESIDENCE IF IN NURSING HOME OF ATE 136. COUN	Penins OR OTHER INSTITUTION, OTTY	GIVE RESIDENCE BEFORE ADMIS	(5 (ON)	13d. INSIDE CITY LIMITS?	13a STREET A	Ores		cemen	
9	4. FA	Md. Wic	omico	Salisbu	ry	YES NO D	Trini		, Apt	. 404-	<u></u>
20		Water	MIDDLE	Treene		FIRST	die	MIDDLE	Co	arter	
1		AS DÉCEÀSED ÉVER IN U.S. AR/ , NO ORUNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	227-09-3		17 INFORMANT	Vills	RAPDR	BX.	7/3	nd.
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	D BY:	coronary	Occl	usion				APPROXIMATE RETWEN ONSET	INTERVAL AND DEATH
MOVA		4100 Canditions, if any, which	TE CAUSE (a)	RAS A CONSEQUENC	E OF					year	g
S S		gave rise to immediate cause (a) stating the under- lying cause last.	SONOXINO (P)	SKINGKING XXXXX		020					
5		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	C.O.L.D.	RMINAL DISEASI	OR CONDITION GIVEN IN PA	RT 1 (a).			year	8
BURIAL, CREMATION, OR REMOVAL.	TION	19a DATE OF OPERATION	TINK CONF	ITION FOR WHICH OP	ERATION W	AS DEDECORMED?				IzB AUTOPSY?	
2	CERTIFICATION					ACTEN CONTES.				YES 🗆	NO X
023		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		M. MONTH DAY YE	AR 21c. HC	OW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITE	A 18 PART 1 OR PAR	17 2)	5.1
ZOI PKI	MEDICAL	ZId. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	City	ORTOWN	cou	INTY	STATE
THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR		22a. I certify that I took charg	ge of the remains d	escribed abave, held an	Autop	sy , Inspectia	n X . Ing	uiry X	and in my ap	inion	
WITH		10	rol couses LX	Accident,	Suicide 🔲	, Hamicide, TITLE (SPECIFY)	Undetermine	ed manner			0 -
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		ACTUAL	1	~	м	Deputy	MEDICAL E		DATE SIGNE		
A L	-	TAMINER'S NAME Ear]		yer, M.D.		ADDRESS			, Sali	sbury,	Md.
(ක් 1	30. BU	RIAL, CREMATION, REMOVAL 2	7-3-8	2 PARE OF C	S.T.	em.	23d. LOCATION	tover	Some	rset al	YIJ.
- 17 AE (5))	24 FU	NERAL DIRECTOR CI	Home,	New Churc	h, Va	250. DATE	RECID. BY REGI	STRAR 256. R	EOUTRAR'S 6	IGNATURE/	Land was
/80		-				13.19.1) 0				



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Salisbury Perinsula Consent Mospital Continue The state of the state of

-	FOR				DEPARIMENT	OF HEALTH	AND MENTAL H	YGIENE	7	- 23	1 9 1
	- STA	ISTRAR		ME	DICAL EXAM	AINER'S C	ERTIFICATE O	F DEATH	REG. NO.		
	DECEA TYPE OR	SED NAME	HEN	IRY	WIDDLE	HAR	R IS	OF	FCT1	3-23-	
3. 5	SEX Mø		RACE Black	5. DATE OF BIRTH	YEAR LAST B	(IN YEARS IF UN		24 HRS. 2c. DAT MIN. PRONOL DEA	L	3-82	Y YEAR 24 HOUR
1	FOREIGI	PLACE (STAN COUNTRY)	TE OR	76. CITIZEN OF W		8 MARRI WIDOW	ED NEVER MARRI	ED LX.	MORECITY OR CO	OUNTY OF	DEATH
10.		lisb		11. NAME OF HO	SPITAL, NURSING H	ome, or oth	ospital	FOR MOST OF WO			CIND OF BUSINESS OR INDUSTRY
35	UAL RE	SIDENCE (• WIC	E OR OTHER INSTITUTION, CONT.	Parson	sburg	13d. INSIDE CITY LIMITS?	13e STREET ADDR	Box 22		
7	Thor			WIDDLE	Harris		15 MOTHER'S MAIDE FIORENCE		WIDDLE		LAST
160	0. WAS {YES, NO	DECEASED O, OR UNKNOW		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS		
_	Unkı						Frances J	ames	Princess		
	18	CAUSE OF PARTIDEA	TH WAS CAUS	only ane couse per lin SED BY: IATE CAUSE (o)	e for (a), (b), ond (c) Coronary		sion				APPROXIMATE INTERVAL TWEEN ONSET AND DEATH INUTOS
		gave rise	o, if ony, which to immediate	th te (b)		clerot	ic Cardi	ovascul	ar Dise	ase	years
		lying cous		(c)	R AS A CONSEQUEN						
170				NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL OISEASE	OR CONDITION GIVEN IN PAR	RT 1 (a).			
CEDTIES ATION	190	DATE OF	PERATION	196 COND	ITION FOR WHICH (OPERATION W	AS PERFORMED?			20.	AUTOPSY?
		DERLYING	CAUSE WAS OR G CAUSE OF		M. MONTH DAY	YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF I	NJURY IN ITEM 18 PART	1 OR PART 2)	
MAN	21d	INJURY O		21e. PLACE	OF INJURY (AT HON CTORY, FARM, ETC.)	AE, 21f. LOC	CATION	CITY OR T	OWN	COUNTY	STATE
	AC	eath resulted		arge of the remains de	Accident ,	on Autaps Suicide	Homicide TITLE (SPECIFY) Deputy	Undetermined n	nanner .	my apinion	3-23-82
1	EX	AMINER'S N	IAME Ear	1 LY Roy	ver, M.D	• M		medical exa		3101420	ary, Md.
230		L, CREMATI	ON, REMOVAL	23b. DATE 3/25/82	23c. NAME OI		R CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	NA	RAL DIRECT	OR	ADDRES	s co., Md.	ID ASSESSED	250. DATE R	REC'D. BY REGISTR	AR 251 REGISTR	R'S SIGN	TURE

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

,DEP,ARTN	CERTIFICATE OF DEATH	REG. NO.) 0 1	7 1
Douglas		MARCH 7. 19	DAY YEAR	3 3 C
- 1	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	July 20, 1912	69 YRS.	MONTHS BATS	HOURS MIN
HAT COUNTRY?	8	D BALTIMODE CITY OF COUNT	VOCDEATH	

3. SEX BIRTHPLACE COUNTRY

White USA

MARRIED NEVER MARRIED WIDOWED

BALTIMORE CITY OR COUNTY OF DEATH WICOMICO DIVORCED V

12a USUAL OCCUPATION

126 KIND OF BUSINESS OR

10 CITY OR TOWN OF DEATH SALISBURY

Virginia

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PENINSULA GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER

13e STREET ADDRESS 908 Greenmor Ave.

Retired owner Sub Shop

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Maryland 14 FATHER'S NAME FIRST

- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

> Salisbury Wicomico MIDDLE

13b COUNTY

17 INFORMANT

13d. INSIDE CITY LIMITS?

NO

15. MOTHER'S MAIDEN NAME

Evelyn

MIDDLE

Marsh

tard

George 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

No

CERTIFICATION

MEDICAL

(YES NO OR UNKNOWN)

Evans 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 214-18-4703

13c. CITY OR TOWN

306 N (daughter Second St. Wilkins, Delmar, Delaware APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (o)	Massive	Right	Internal	copsular
4370 Conditions, if ony, which	DUE TO, OR A	AS A CONSEQUENCE OF A	rteriosa	212 mg	
gove rise to immediate couse (a), stating the anderlying couse lost.	DUE TO, OR A	AS A CONSEQUENCE OF			

ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

abetis 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from

211 LOCATION

CITY OR TOWN

now the decemed give on above. It is not self the body often de and that in (my town opinion death occurred on the date and hour and from the causes stated 771. SIGNATURE

236. DATE

3/9/82

ATTENDING MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED 8

NO [

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

22e ADDRESS PUH

23c. NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

DEGREE

23d LOCATION

Salisbury, Wicomico, Mary land

BP. Burial 24 FUNERAL DIRECTOR

FUNERAL HOME , Salisbury,

CAR LO TESS SELECT SELECT SELECT

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campiture, the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Land 2 mail 2 mail awith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the hospital ar attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL H	YGIENE 况 🔏	J 0 1	7 4	
		ECEASED NAME FIRST	MIDDLE LAST			20. DATE OF DEATH MONTH	2b HOUR		
	,,,,,	Norman	.T	HILL		March 19, 1982		145 6	
	3. SE		4 RACE 5. DATE C		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		ALE	WHITE		O/1915 YEAR	66 YRS		HOURS MIN.	
46		ERTHPLACE (STATE OR FOREIGN COUNTRY) PELMAR, DEL.	U.S.A.	? 8 MARRIE WIDOWI	D NEVER MARRIED TO NORCED		MD.		
1		Salisbury	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE BOY'S HOAD COL	nter	OR OTHER INSTITUTION	126. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINE RETIRED			
BS		MD. WIC	NOTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136. CITY OR TON OMICO SALISBU		13d. INSIDE CITY LIMITS?				
21		ATHER'S NAME WILLIAM HIL			15. MOTHER'S MAIDEN N ELIZABETH	HASTING	IAS	ग	
e medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) UIF YES, GIV YES WAR	VE WAR OR DATES)		MRS BARBA	ADDRESS RA JACKSON SA	ALISBUR	Y,MD.	
umatic event, th		PART I. DEATH WAS CAUSE	nly ane cause per line far (o), (b), a ED BY: TE CAUSE (o) DUE TO, OR AS A CONSEOU		-renal with con	failure sestive hear failure	APPROXI BETWEEN C	MATE INTERVAL DISSET AND DEATH	
ury, ar ather tra	z	gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU (c)	JENCE OF	NOT RELATED TO THE TER	NET CONDITION G			
lui kua swah iul	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDIN FIFYING CAUSES YES []		
ed or Hem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
morked	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE.		STREET	CITY OR TOWN	COUNTY	STATE	
-2.		22a. I certify that: (this haspi saw the deceased alive an abave, (Mawe) (did)	March 19 19	March 82	17 , 19 <u>82</u> and that in (Sy) (our) apinio	n death occurred on the date and ha	., 19 <u>82</u> ., 1	thotes (we) last couses stated	
IMPORTANT: If Item 2		226 SIGNATURE	W. Tustui	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	March	19, 1982		
MPORTA		Nancy W. Tusti	in, M. D.		Deer's Head	d Center, Salisbu	ry, MD a	21801	
	3	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION			EMETERY OR CREMATORY VA CREMATO	RY LEWES, DEI		STATE	
/81	-	UNERAL DIRECTOR WILSON FUNERA	ADDRESS	SBUEY	4.1	ATE REC'D. BY REGISTRAR 24 REGIS	STRAW SAMENATI	Mether	

STATE OF MARYLAND

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or levent		114		d dense.	

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3		1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE & Z.	0 8 (9 3
o m.s	-		CEASED NAME FIRST		IDDLE		AST	20. DATE OF DEATH MONTH		HOUR 20
ay b	100	2.61	Pansy		peana		110	March 14	1983	10 px
ge 4 m	W)	3 St	emale	White		Aug.	9, 1900 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 81	MONTHS DAVE HO	OURS MIN.
leath. Po	33		IRTHPLACE (STATE OR FOREIGN COUNTRY) and	76. CITIZEN OF W	VHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	WICOMICO	NTY OF DEATH	MI
rs after d by the fu filed with	Setified	Sa	lisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KINE PENCINSUCHEACHUR GYES APETADORESSI HOSPITAL HOUSEWIFE NON					126 KIND OF BUINDUSTRY NONE	USINESS OR
n 24 hau filled in hould be	ad St.	-60		R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 134 CITY OR TOWN SALISBURY		13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO 1408 Patterson Street		Street	3	
ted within ampletely	2 2	()	ATHER'S NAME FIRST Ohn		yfield		15 MOTHER'S MAIDEN N	WIDDIE	Brown LAST	
execu	ledica			MED FORCES? /E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	ADDRESS	3.0	
ion o	e a	N	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	213-24-2576			Mr. Harry T. Hill (son) same as 13			E INTERVAL ET AND DEATH
requires that the death cert en signed by the attending.	or to burial, cremation, ar rer y injury, or ather traumatic ex	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io storing the underlying couse lost. PART 2 OTHER SIGNIFICANT Color	DUE TO, OR (c) CONDITIONS CO	NTRIBUTING TO	ENCE OF	Breege	RMINAL DISEASE OR CONDITION OF		
The law ician.	grene prii		19g. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING F			OPERATIO	N WAS PERFORMED	YES NOT IN CER	tund .	DEATH?
PHYSICIAN: ending phys this certifica	d ar hem 18		OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	HOUR A.M P.M 21e PLACE O	A. MONTH D.	19	211 LOCATION STREET	JRRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	STATE
TENDING or after TOR: After or use as th	of Health an 21 is marked	<	WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK TO Be tify that (I) (this hasp sow the deceased alive an above, (I) (we) (did no	ital) attended the	deceased from_	3	d that in (my) (our) opinion	n death occurred on the date and I		t (I) (we) lost
TAL OR AI y the hasp RAL DIREC detached	rate Dept.		22b. SIGNATURE	1	itter deoth			MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIG	NED Y/8 -
etained b	with the Si		22d. PHYSICIAL NAME (14PE)	Green			Quince		iry, md	•
BP			BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
DHMH - 16 50/	M 1/81		urial UNERAL DIRECTOR	3/17/8)4 Sr	uullen	Cemetery 250 D	IR.D. WOT ATE REC'D. BY REGISTRAR 256 REG	ccester, Ma	rylan
(VRA 15,		H	OLLOWAY FUNERAL	HOME, S	alisbury	, Mar		AND 4 7 4005 7	resi Vent	arthen

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STATE OF MARYLAND

set it mount got White is the same of the same AND THE PROPERTY AND THE PARTY OF THE PARTY The Real Property of the Control of the Ext ? Desir Bay 1 ye-AND THE HOLD OF THE PARTY OF TH

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical exeminer must be not find drante

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FOR

STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE	OF DEATH	REG. N	0.			
	DECEASED NAME FIRST TYPE OR PRINT) Madeline	MIDDLE	HOLDEN		March 29,		Y YEAR	8:16	
3 5	SEX	1 RACE Black	S. DATE OF BIRTH	6 1914	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS MIN
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT U.S.	RY? 8 MARRIED NE	VER MARRIED DIVORCED	BALTIMORE CITY C	R COUNTY O	OF DEATH		MD.
/ s	city or town of death	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES' Deer's Head Co	enter	RINSTITUTION	TYPE OF WORK FOR MOST OF	F WORKING LIFE)	176 KIND O INDUSTRY	F BUSINE	SS OR
5 130	SUAL RESIDENCE LIF NURSING HOME OF	VIY CIJY OR 1		IDECITY LIMITS?	130. STREET ADDRESS	mden	AUE,		
C 14	Edmond	MIDDLE LAST	1/15	HER'S MAIDEN NAMERINGS	WIDDIE		wilk	ns	
2 160	WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES. GR	MED FORCES? 166 SOCIAL S (E WAR OR DATES) 220-0		lway to	loklen-Pr	inclss	Hann	= m	d.
FICATION	Conditions, if any, which gove rise to immediate couse to stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF		200 AUTOPSY?	20b IF YES, V	WERE FINDIN	IGS USED	H?
MEDICAL CERTI	OR CONTRIBUTION CAUSE OF OF	P,M, 21e PLACE OF INJURY	19 211 LO	CATION	YES NO ELECTION NO ELECTION NATURE OF INJU		TTORPART?)	NO [
IW	220. I certify that (lethis hospi	tol) ottended the deceased from March 29. The view the body offer death.	May 6,	ATTENDING	deoth occurred on the di	99, 19 ote and hour o	ond from the	hot (IM(w	ve) lost
	22d. PHYSICIAN'S NAME (TYPE OF P. Ritchi		Dee	DRESS	Center, Sa		r. MD	7 801	
L	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		131 NAME OF CEMETERY	PR CREMATORY	23d LOCATION CITY OF TOWN,	UEF	COUNTY	m	TATE 4
24	FUNERAL DIRECTOR	I Q A ADDRE	O Care	250 DATE	REC'D. BY REGISTRAR		SIGNAL		

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

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-13/8/12		But Lange Mr.	20
folia a	Comment das product days in		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH, 2b. HOUR LIVEE OF PRINTS 12,1982 William HOLLOWAY 3 SEX 4 RACE DATE OF BIRTH 6 AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Wi comi co WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Deer's Head Center Salisbury 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and Ichil PART I. DEATH WAS CAUSED BY: COUDESTIV MO IMMEDIATE CAUSE (0). spotic emia + Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION lecia x aphasica 206 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NC 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 70 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from...

_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE

sow the deceased alive an above, (I) (we) (did) (did not) view the body after death.

ATTENDING PHYSICIAN |

22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN

22d. PHYSICIAN'S MAME (TYPE OR PRINT) 22e ADDRESS

TUSTIN. M 230 BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY

DEGREE

Deer's Head Center, Salisbury, Md. 21801 23d. LOCATION

admillastion reserve

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORT,

William & MOLLOWAY Fabroary 12,1982 Male 14/1/12 8-5-1843 88 Maryand 1454 opinopi Salisbury Deer's Hoad Canter Action Foundation the second of the second secon Yes I WILL SITE POR HORSON THE BONCE OF THE SERVING HE THE BEST OF STATE OF THE STATE

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST	MIDDLE	LAST LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 30
Arthu		JUCKSON	march 30,	1982 43
3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	May 18, 1913	68 YRS	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
Pittsville,	Md. USA	WIDOWED DIVORCED	Wicomico	M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF
Salisbury		General Hospital	Registered	Electrician
		ville YES NO	13e STREET ADDRESS Pitts Ave.	Box 24B
14 FATHER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
George Tild	ghman Jac	kson Elsie	E	lliott
NO 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b),	to Myocardial	D. Jackson Infaretion	as 13 (wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 hours 8 year
gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN		OUENCE OF Dobets, 2		
0 Vents	reular arrhyth	mea. Jever Left	contralar dystu	nohow diobetty,
Vents 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF I	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	2/-	CITY OR TOWN	COUNTY STATE
saw the deceased olive above, {I} (we) (did	on 3/20 19 ew the loady after death.	opinian (my)	, to, death accurred on the date and h	
226. SIGNATURE	216	DEGREE	er and the second second	221 DATE SIGNED

23b. DATE

4/2/82

ATTEN! 22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

THE PHYSICIAN'S NAME INTEGERIN

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT, If Hem 21 is

830 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

231. NAME OF CEMETERY OR CREMATORY Pittsville Cemetery

23d LOCATION Pittsville

STATE

HOLLOWAY FUNERAL HOME, Salisbury, Md.

APR 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) CHARLES DEATH MATED MILTON 4 RACE & AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED Male White 10/11/1914 5 TYRS 76 CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wilmington, Del USA WIDOWED TO DIVORCED WICOMICO 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Salisbury Priscilla Street Independent Rt. Salesman Dry Cleaning 13b. COUNTY 13c. CITY OR TOWN 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO [Maryland Wicomico Salisbury 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Laurel Jones Lillie Marvel 17 INFORMAN Windsor Blvd., Mechanicsburg, Pa. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Mr. Charles M. Jones, Jr. (son) 214-10-8698 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Coronary Occlusion Spoden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease Conditions, if ony, which vears gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DEP TO THE CHIEF ASSED OF THE USED OF THE 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES 71a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 27a. I certify that I took charge of the remains described above, held an Inquiry Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER Earl L. Rover, M.D. Camden AVe., Salisbury, 23a BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION STATE Salisbury, Wic Burial 3/14/82 Wicomico Memorial Park 24 FUNERAL DIRECTOR HOTTOWAY FUNERAL HOME, Salisbury, Maryland **DHMH-17** (VR A15 ME (5) 15M 2/80

added to a straight and belove three address of the real

STATE OF MARYLAND

The town of the same CONTRACT THAT 63.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items 13a-13e per phone 3/23/82 STATE OF MARYLAND

Sadd by standay in the 1982 C Contracti Burd, 4212 mry Ness C. Neurney Alb Figh Medical Costs Contacting Marylond 2000

8	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 8 2	0 1
of 24		CEASED NAME FIRST E OR PRINT)	is W. K	ETCHAM	REG. No.	MONTH DAY YEAR	2b. HOUR
	3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	3-11-82 THDAY) IF UNDER 1 YEAR MONTHS DAYS	10:50PM IF UNDER 24 HRS HOURS MIN.
1 12 1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2-3-01	81 9. BALTIMORE CITY O	R COUNTY OF DEATH	
offer dentity	10.0	EW YOR I	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION TADDRESS)	MISSALISE OPAG	F WORKING ME) INDUSTRY	
24 haurs - filled in by buld be file most be no	USU	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COU	INTY " 13c CITY, OR TO	KES-DWISSION)	13. STREET ADDRESS	UNTINA	PARKO
ed within ompletely in ond 2 sho	14. F	ATHERS NAME WALTER	D. WRIA	ht 15. MOTHER'S MAIDEN N CARRI	AME MIDDLE	Cham	bens
cote be execut ysicion and copers. Pages wol.		WAS DECEASED EVER IN U.S. A (18 YES NO GRUNKNOWN) (18 YES, G	RMED FORCES? 166 SOCIAL SC SIVE WAR OR DATES) 220 - 0/-	7/16 JACQUELIA	Ne BOUNDS	16 106611	1Anbound
15, 201 W. PRESTON ST, uires that the death certificing bigged by the attending please remove carbons to burial, cremation, or remury, or other traumatic eve	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO THE CONDITIONS CONTRIBUTING TO	un fal curler	MINAL DISEASE OR CON	DITION GIVEN IN PART I	2V/
The low required to the low required to the los peen significants of the los peen significants of the los prior to the shows ony injur	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
HYSICIAN: ading physic certifica buriol-tror Mentol Hy ar them 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJU		STATE
ATTENDI ospital or ECTOR: A d for use it. of Heal m 21 is m		WHILE AT WORK AT WORK 21.1 certify that (1) this has saw the described alive a above in the individual states.	pital) astended the deceased from	, 19 , and that in (my) (our) opinion DEGREE	n death occurred on the di	nte and hour and from the	
TO HOSPITAL OR retained by the h TO FUNERAL DIRINGLIA should be detached with the State Dep IMPORTANT: If the		DATH SCIANTS NAME (198	Janes Con Palvell		MEDICAL STA		12/82
Bb show		BURIAL CREMATION, REMOVA	3-15-1982 V	NAME OF CEMETERY EREMANDER	My SALISO	uny Wic.	mð.
DHMH-16 30M 2/80 (VRA 15. 4)		ONERAL DIRECTOR	DDRESS		AR 1 6 1982	Rent Sign	21255

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Poges .

	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 🕉 🐍 . REG. NO.	8 2 0 2
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
L	(TYPE OR PRINT) Julia	Florence	KNAPP	MARCh 27 198	32 9/4 1
3	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Female	White	Oct. 8, 1892	89 YRS	MONINS DATS HOURS MIN.
1	G. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
	Pennsylvania	USA	WIDOWED DIVORCED	WICOMICO	MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN PENINSULA GEN	ADDRESSI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR
1	JSUAL RESIDENCE (IF NURSING HOME OR			Housework	
1	3a STATE 13b COUN		N 134 INSIDE CITY LIMITS?	Rt. 50, Box	46
14	FATHER'S NAME	JOHN LOO TIGHT GO L	15 MOTHER'S MAIDEN NA		
2	Allen J.	Lewis	Afavest		Klutz
10	IN WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES) 166. SOCIAL SECU 214-16-	17 INFORMANT (day	ighter) ADDRESS	same as 13
F	PART I. DEATH WAS CAUSE	olly one couse per line for (a), (b), one D BY: TE CAUSE (a)	, , , , , , , , , , , , , , , , , , , ,	June.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE		disim.	
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	OR CONTRIBUTION CONTRACTOR OF THE		Y YEAR 19	YES NO Y	PART OR PART 2}
	WHILE OF WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21L LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 Langeifer show (1) (ship house)	tal) attended the decared from	10 17 0	3/27	10 0/2-

saw the deceased alive on above, (1) (we) (did) (did not) view the hadv 22b. SIGNATURE

DEGREE MD. 22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

Maryland

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

220 DATE SIGNED 27/82

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Badros,

Salisbury 231 NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

Burial
24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Salisbury, Wic., Maryland APR 2 1082 Registrar 256 REGISTRAR'S SIGNATURE

HOLLOWAY FUNERAL HOME, Salisbury, Md.

3/30/82

23b. DATE

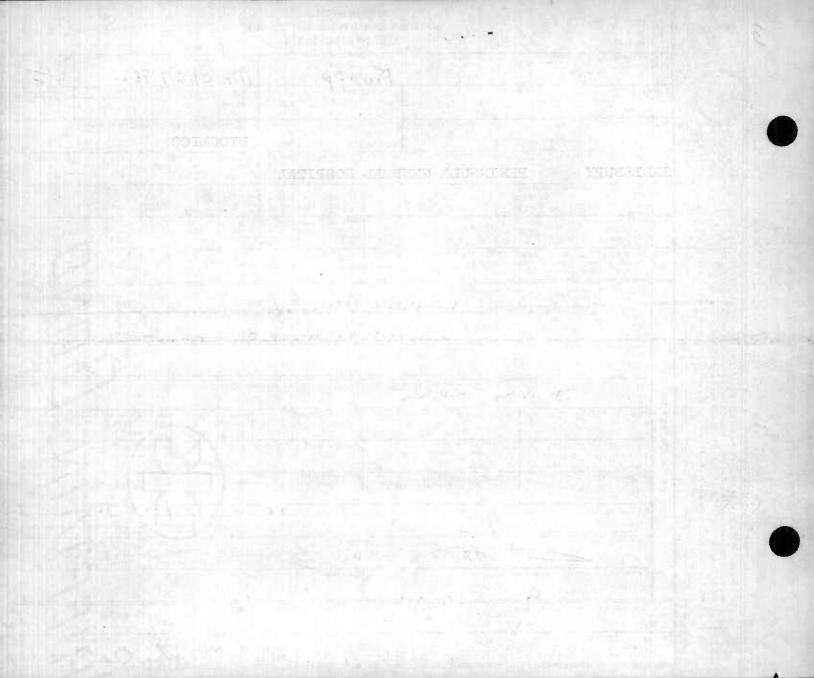
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burnal-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

Hem 18

IMPORTANT: If Item 21 is



The second of th HANGE THE THE PARTY OF THE PART

ADDRESS

Easton, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Newnam Funeral Home

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MONTH 26. HOUR IF UNDER I YEAR # UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 13 Dukes Avenue Hughes Salisbury. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 COUNTY STATE and that in (my) (our) apinian death occurred an the date and hour and from the couses stated 22r. DATE SIGNED PHYSICIAN PORECTOR PHYSICIAN ALISBURY ME STATE

Talbot

BY REGISTRAR 25h, REGISTRAR'S SIGNATURE

STATE OF MARYLAND

I COLLEGE MARKET IN MARKET Indicact Istone | Continued | vandalish

	1	FOR STATE REGISTRAR			DEPARTA	MENT OF HE	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE B	10.	8 2	0 5
		CEASED NAME	FIRST		WIDDLE	LA	ST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
10e 3			John	1	н.	1	nARUEL	on ARCh	15, 19	182	130 AN
ector. po	3. SE	male		white	9	5. DATE O	22. 1893	6 AGE (IN YEARS LAST B	YRS	UNDER I YEAR	IF UNDER 24 HRS
P 2		IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
lose H/6		elaware		U.S.A.		WIDOWEL		Wicomico)		ME
oy the fu	10. C	ITY OR TOWN OF DEAT	Н	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION L Hospital	12d. USUAL OCCUPA (TYPE OF WORK FOR MOST farmer	TION	12b. KIND OF INDUSTRY farm:	BUSINESS OR
should be f	USU 13a	AL RESIDENCE (IF NURSIN	36 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	Box 11		LIIE
d 2 sl	14. F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
completely 1 and 2 sh		George W.		rvel			Lettie	Ann Roge:	rs	[62]	
S. Pages 7		WAS DECEASED EVER IN YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 222-09-		Lillie G.	ADDE		town,	Del.
by the attending physics remove carbonpa tose remotion, or remor s), cremation, or remor r other traumatic event		PART I. DEATH WA APPLICATION Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which	D BY: TE CAUSE (a) DUE 10. O(b) DUE 10. O((c)	R AS A CONSEQUE	-000	you De	2 for	R	Ma	ATE INTERVAL
n signed Then pli r to burn injury, o	NOI	PART 2 OTHER SIGNI	FICANT	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR COM	ndition given	V IN PART 110	
ion. I has been if permit. I permit. I pows any	CERTIFICATION	190 DATE OF OPERATION	NC	196 COND	TION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, 1 IN CERTIFYI YES	WERE FINDING ING CAUSES C	SS USED OF DEATH?
g physic recrificate rial-trans ental Hyg Item 18 sh	EDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA	313	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	T I OR PART 2)	
ettendir fter this os the but th and M orked or	MEDI	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK		21e. PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR T	own	COUNTY	STATE
Spital or CTOR: A Ifor use of Health		sow the deceased	alive on	3	e decrosed from	, and	that in (my) (our) apinian	death occurred an the c	date and haur o		at (I) (we) last tuses stated
y the had RAL DIRE detached one Dept		ZIA SIGNATURE	2	S	p.	D	EGREE ATTENDING PHYSICIAN	MEDICAL STA		3/15	GNED
O FUNER hould be		JOHN 6	AE THRE O	CREE	N		220 ADDRESS QUI.	UCYJLO	ucus md	7 57	REET
5 1 2 2 2 2	23a. l	BURIAL, CREMATION, RE	EMOVAL	23b. DATE	23c. N	AME OF CE	METERY OR CREMATORY	23d LOCATION			

Bethesda Cem.

Millsboro, Del.

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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Burial

24 FUNERALDIRECTOR

/17/82

John E. J. Well and M. Miller Eslimbury Peningula Ceneral Tosoidal Commune Constant Tayon her without the careen BEARDED THE BUS COT CHES IL BESTELL SELT IN LEADING Anny of the return of the last of the state of the state

1.	FOR • STATE REGISTRAR	DE	STATE OF MA PARTMENT OF HEALTH A CERTIFICATE	ND MENTAL HYG	IENE 🕹 💪	0 8 2	0 6
	CEASED NAME FIRST	MIDDLE	LAST	E-	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	Retha		McKnight		March 3, 1982	2	1:15 PM
3 SE	× 'emale	BIACK	S DATE OF BIRTH	VEAR 1912	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIED NE		9 BALTIMORE CITY OR COU		
0	kredon S.C.	U.S.A.	WIDOWED	DIVORCED	WICOMICO		MD.
Sa	Lisbury	Deer's Head	Center	INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	INDUSTRY	OF BUSINESS OR
130 3	AL RESIDENCE (IF NURSING HOME DI BTATE 136 COUI	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13t. CITY O	RTOWN 130 INSI	NO [130 STREET ADDRESS /	Rond	
	Peter	S. LL	ncoln	Ollie	MIDDLE	las	ii
	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, ON	MED FORCES? 166 SOCIA	30-1485 C	AlaistiNa	ADDRESS 4/A5K	ing 3.2	2 sparse
CERTIFICATION	Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (C. C. C	vascular	HYPEYUS ISEQUENCE OF	and (egla	
RTIFIC					YES NO NO IN CE	YES	OF DEATH?
MEDICAL CE	210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE		H DAY YEAR 19 211. LOC	W INJURY OCCURRI	ED (ENTERNATURE OMNJURY IN ITEM	COUNTY	STATE
	22a.1 certify that (\$\Phi\$ (this hospi sow the deceased alive an above, \$\Phi\$ (we) (did \$\Phi \text{Alivers}\$)	Man-1- 2	00-	. 19 <u>80</u> (my) (our) opinion d	to March 3,		that (M)(we) last
	22b. SIGNATURE	1. Shresting	DEGREE		MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE	SIGNED
	22d PHYSICIAN'S NAME (TYP)		22e ADI				2 , 3 - 1
	Maheswari Shr				Center, Salis	bury, MD	21.801
23a B	SPECIFY BUN 191	3-7-82	Loven Hove	OR CREMATORY S Memple	23d. LOCATION CITY OR TOWN SALISBURY	COUNTY	STAT

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Main Str.

933 W

MAR 10 1982 Farces Lan Norther

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((BA)	FOR STATE REGISTRAR
I GARA	1 DECEASED NAME

filled in by the ould be filed wi

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and Mental Hygiene

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morked or Ite

3. SEX

STATE OF MARYLAND

LAST

5 DATE OF BIRTH

MARRIED

Deer's Head Center

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MOORE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
	20. DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
	March 31,1982			5:1	0a
	6 AGE (IN YEARS LAST BIRTHDAY)			IF UNDER	
_	01	MONTHS	DAYS	HOURS	M

_			IND	
	9	BALTIMORE CITY	OR COUNTY	OF DEAT

Wicomico 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

126 KIND OF BUSINESS OR INDUSTRY

STATE

13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [NO

NEVER MARRIED

15. MOTHER'S MAIDEN NAME

MIDDLE

IMMEDIATE CAUSE Tispase with

17 INFORMANT

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)

DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORME
0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH		AR 21c. HOW INJUR
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	9
d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION

MIDDLE

76 CITIZEN OF WHAT COUNTRY

OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Thomas

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

couse lost.

NOT WHILE AT WORK

230 BURIAL, CREMATION, REMOVAL

Conditions, if ony, which gove rise to immediate couse (a), stating the

Salisbury

SNAME

(YES, NO OR UNKNOWN)

underlying

CERTIFICATION

MEDICAL

4. RACE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for La)

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO [OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN COUNTY

22a I certify that (I) (this hospital) attended the deceased from	, 19, to,	19, that (I) (we) Id
sow the deceosed olive on	, and that in (my) (our) opinion death occurred on the date and hou	or and from the causes stated
226. SIGNATURE	DEGREE	22c. DATE SIGNED
M. Shrestha	MD - ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	

22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

Deer's Head	Center.	Salisbury,	Md.	2190
23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	A TOTAL AND THE STATE OF THE ST		

Durial	13-82	Dales 148Th	
24 FUNERAL DIRECTOR	THE RES THE STREET		
Name I E	panie Sni	ADDRESS H. 1/ MILL	

23b. DATE

D-

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

FUNERAL DIRECTOR: ild be detached the State Dept. IMPORTANT. house alternate treatment of the com-

#1:10x	Waren 31,1982	ADDRE	, by 18	n CH T
	icomico	1-31-127	1/2 = 1 2/54	Mary and
Mest Film	Palmer	Center	Jest's Hest	Selisbury
			5 3000 1300	Mressad Illera
8,67.09		NEW AFF	1/600 5	George
	Heery Swe			
		VELCENTAL	Mr. Carlo	
	490 700 00	THE DIES	•	
	A Company of the State of the S	S. TROLL OF	Land A. Land	
				Tal-und
	X			
		in de	La alka	April 1
vels . si e	ad Center, Strisbury	Geor's Ho	Le . A MATS	Billie III, Silve
	Sum Hill it	the the th	4-3-53 B)	

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STATE OF MARYLAND

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Princess Anne

FOR

24-PUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR 5 GNATURE

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1	1/	1	STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 4 1 1
e e	(1X)	I. DE	CEASED NAME FIRST E OR PRINT) WILLIAM	RICHARD	Reumlds	20. DATE OF DEATH MONTH	E SZ 10 Nu
ge 4 moy	XX	3 SE		WHITE	5 DATE OF BIRTH MON DAY DAY LAY DAY DAY DAY	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS: DAYS HOURS MIN.
eoth. Pog	99	70. B	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIEI WIDOWED DIVORCEI	9. BALTIMORE CITY OR COUNT	Y OF DEATH
01 s ofter d	by the lied with		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours	filled in lould be f	13a	AL RESIDENCE (IF NURS OR OT STATE OUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		25
MARYL,	2 Suppletely	14 F.	ATHER'S NAME JOSHUA MIE	REYNOL	DS MARTH	NNE MIDDLE	BIRCH
TIMORE,	Pages T		NAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (15 YES, GIVE W	D FORCES? 16b SOCIAL SECU 214 18	17 INFORMANT RUBYEV	ANS, RT. G, BOX	349 SALISBUR
ST., BALI	physicia an papers emaval. event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	SY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SCORES
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certifi	attending ave carb tian, ar r aumatic		4100 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF MOVAS CLIAN	Hocident	one month
ol W. PR	by the ease rem ol, crema r other tr		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF M400	endial Inforction	orace worth
ORDS, 20	Then ple or tabum injury, a	NOI	PART 2. OTHER SIGNIFICANT COI	nditions <u>contributing to d</u>	PEATH BUT NOT RELADED TO THE	TERMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
AL RECC	hos been the prior pows ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIC	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OF VIT	certificate riol-transit ental Hygir frem 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18. I	PART ORPART 2)
MVISION O	After this e e as the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIR	TOR: for us of He 21 is		22a.l certify that (1) (the hospital) saw the deceased alive on above (1) (we) Idia (laid not) v	3,18 192	, and that in (my) (our) ap	SZ_, taS	19 , that (1) we wast
AL OR A	tal DIREC detached ate Dept. JT: If hem		266. SIGNATURE	Wemil	DEGREE ATTENDI PHYSICI	ING MEDICAL STAFF	32 DATE SIGNED
HOSPITA	TO FUNERAL should be detroited with the State		ROGER C	Merrell	22e ADDRESS	Salist	wry, masses
O 2		236	BURIAL CREMATION, REMOVAL	3/21/82 E	AME OF CEMETERY OR CREMAT		COUNTY STATE
	H- 16 50M 1/81 VRA 15, 4)	24 F	UNERAL DIRECTOR	. 101	WILLIAMS 15	MAR 2 3 1987	R(R) SIGNAMBE

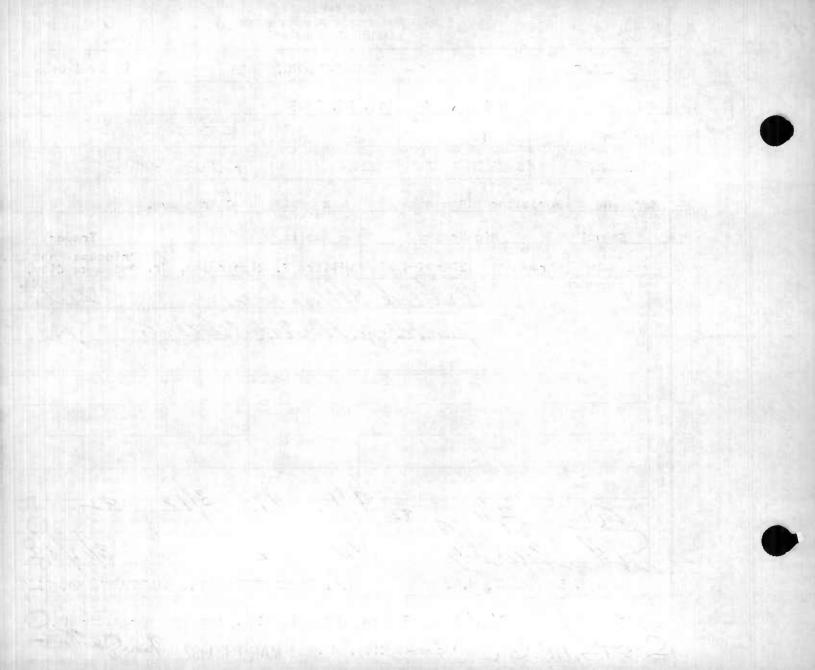
STATE OF MARYLAND

Item 7a g566 4/26/82 gj

COTHERD WICHTON THE INTERNATION

	1		STATE OF MARYLAND
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O & U C & G
		REGISTRAR	CERTIFICATE OF DEATH REG. NO.
1/11		CEASED NAME FIRST	20. DATE OF DEATH MONTH DAY YEAR 12 HOURS
(MA)	3. SE	X	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MININGS DAYS HOURS DAYS HOURS DAYS DAYS HOURS DAYS DAYS HOURS DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAY
14	7n B	RTHPLACE ISTATE OR FOREIGN	White 9-18-1898 83 YRS.
1 16 83		Irainia.	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WICOMICO MICOMICO MD MD
with the	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
in by the filed		LISBURY	PENINSULA GENERAL HOSPITAL ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
y filled in should be	130	ary and Wer	NTY 13c CITY OR TOWN, 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS. CLESTEN SABULTUIL YES IN NO 1 436 W. Manket St.
olete	14. F	THEP'S NAME	MIDDLE D. (LAST 15. MOTHER'S MAIDEN NAME FREST MIDDLE 1451
5 0	160	VAS DECEASED EVER IN U.S. AR.	RMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
on ond o			228182351 doon T. Bailey Ocean City My
rote oper ovol. nt, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	approximate interval between onset and death
certifi ing pl rbang		III III IMMEDIAT	TE CAUSE (0)
e deoth ce ottendin nave corb otion, or traumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF COronery Herry Susane
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
that the deby the lease recolor cremon or other		underlying couse lost	10 a Mose deroses
equires n signe Then pl to burn njury, o	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The law re ricon. te has been sit permit. grene prior shows any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
hysicie ficate fransit Hygie	CER	210 ACCIDENT WAS UNDERLYING	216, TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18, PART) OR PART 2)
HYSICIAN: The ding physicio nis certificate h burial-transit I Mental Hygie or frem 18 sho		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR
DING PHYSICIAN: or otherding physical After this certificate os the buriol-transitional hymorked or fem 18.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
			oital) attended the deceased from 3/1, 1982, to 3/7, 19 diction (I) (we) lost
TTE Prite Prite 170 170 170 170 170		sow the deceased alive on above. (b)	the least the body of the death. 19 2. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
ALOR A the hos ALDIREC etoched te Dept. : If Hem		THE SIGNATURE	DEGREE 226 DATE SIGNED
by the by the ERAL DI the detoch Store De		010/	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-8-82
TO HOSPITAL OR A retained by the hos to Funder Lore to Funder Lore should be detached with the State Dept.		224 PHYSICIAN'S NAME (TYPE OF	Refutto Me. ADDRESS OG 14
5 5 7 4 3 ₹	23a	URIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CENESCO CREMATORY 236. LOCATION
BP	6	emation	3-8-82 Del-Mar-Va Lewes Delaware
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	INERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 250 DEISTRAP IGNA DE
	4	DIMANT. DE	MALS, SABLE HILL, MALE

Cignitis ____ High ___ evingily NAMES OF STREET PROPERTY OF THE PARTY OF THE Any bush selection to a second of the selection of the se Total Roberton Leigh resident AND THE STRINGS OF A VARIOUS PROPERTY OF THE SAME



1300 Cott Tixision St., Smilishquis

Items #13a-13e Film 50/5/02 rc STATE OF MARYLAND

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

ON	
THE INV	
	100

moy be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

the state of	0	3)	1	1
REG. NO.					

						REG. N			
	CEASED NAME OR PRINT)	FIRST	WIDDLE	0.	LAST			DAY YEAR	26 HOUR
		Doris			BINSON	marc		1982	- '
3. SEX	X	4	RACE		E OF BIRTH NTH DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS
_/	Female		White	Ma	4 22 1924	57	YRS.		
Ja BIF	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT	COUNTRY? 8 MARE	RIED NEVER MARRIED	9 BALTIMORÉ CITY	OR COUNTY	OF DEATH	7/19
M	arylan	4	115A	WIDO	WED DNORCED	Wicomic	0		
10 C)	TY OF TOWN OF	DEATH 111		AL, NURSING HOMI Y, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND O	F BUSINES
S	alishur		Peninsula	Genera		Secrets	ru	625	CO.
13a, S	AL RESIDENCE IF	NORSING HOME OR OT HALL COUNTY	HER INSTITUTION GIVE RES 13c. CI	TY OR TOWN	YES NO P	13e STREET ADDRESS	3		
14 FA	THER'S NAME	AL ID	DDLE	EAST .	15 MOTHER'S MAIDEN N	MIDDLE			
	RAU	· · · ·	B	2//	Ron	1/e		EVE	
	VAS DECEASED E			CIAL SECURITY NO	. 17 INFORMANT	ADDR	ESS		
11	YES, NOOR INKNOWN	(IF TES, GIVE W	- 2/8	1166842	Vernant.	Rohinson	Sin	241 H.	11 M
	18 CAUSE OF DE	EATH (Enter only)	one couse per line for	(a), (b), and (c)		î î		APPROXI BETWEEN	MATE INTERV
	. PART I. DEATI	H WAS CAUSED E	BY:	Tarde	econ Sle			100	
	11/15	1)		CONSEQUENCE OF	0			1	
	Conditions, if ony, which (b) Action Expended Leads								
	gove rise to immediate couse (o), stating the DUETO OF AS A CONSEQUENCE OF								
1 1	underlying couse lost								
	underlying co	ouse lost	al	Keno	Celus			6	000
		SIGNIFICANT CO	NDITIONS CONTRIB	-Chief Cin	UT NOT RELATED TO THE TER	BAANAL DISEASE OR CON	DITION GIV	EN IN PART 10	2000
NOI			NDITIONS CONTRIB	-Chief Cin	UT NOT RELATED TO THE TEE	BAYNAI DISEASE OR CON	DITION GIV	VEN IN PART 110	000
CATION		SIGNIFICANT COI	at tot	UTING TO DEATH &	UT NOT RELATED TO THE TER	RAYLO DISEASE OR CON Rey 65 200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	VGS USED
TIFICATION	PART 2 OTHER S	SIGNIFICANT COI	at tot	UTING TO DEATH &	splly never	Rupto	20b. IF YES		VGS USED
CERTIFICATION	PART 2 OTHER S	RATION	196 CONDITION F	OR WHICH OPERAT	ION WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	GS USED OF DEATH
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DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 1 DECEASED NAME LITYPE OR PRINT Hazel 3 SEX 4 RACE A AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Dec. 16, 1917 White Female TO BIRTHPLACE I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Wicomico Hiteman, Iowa WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Salisbury Peninsula "General Hospital Shirt Co. Seamstress 311 Prince Street 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Salisbury Wicomico YES X Maryland NOF 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Snell Ethel Leggett Grace H Benjamin ADDRESS 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT TYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Frances H. Robinson (husband) same as 483-12-9973 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) eschial Hemoulase DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

MEDICAL

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MPORTANT

71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

sow the deceased alive on_

21e. PLACE OF INJURY

216. TIME OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

211 LOCATION

22c. DATE SIGNED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d INJURY OCCURRED NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

above, (1) (did) (did not view the body after death

and that in (my) (ever) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

COUNTY

STATE

22b. SIGNATUR

(SPECIFY)

James L. Clifford, M.D.

23b. DATE

22e ADDRESS

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

Springhill Memory Gardens, Salisbury, Wic.,

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

236 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

3/16/1982 HOLLOWAY FUNERAL HOME, Salisbury, Maryland

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	S		CEASED NAM		RLES	LYNN	SEATO	LAST		20. DATE KNOWN OF ESTI- DEATH MATED	N MONTH	17-82 4	26. HOUR 22.7
	RY, PLEA	3. SEX	ale	4. RACE White	5. DATE OF BIRTH	¥ 6. A	GE (IN YEARS IF U AST BIRTHDAY) MON		F UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	3-17-	82	2d HOUR
•	NECESSA FUNETAL S FOI WITH V. P. E. II.	7a BI FO	RTHPLACE (S REIGN COUNTRY)		76 CITIZEN OF W	S.A.	8 MAR		ER MARRIED	9. BALTIMORE CI Wicomi		ITY OF DEATH	MD.
	PAGE PAGE FILED		alisbu		II. NAME OF HOS (IF NOT IN SUCH F) Penin	SPITAL, NURSINGLIH, GIVE STREET SULA G	G HOME, OR OT ADDRESS) eneral	Hospi	tal Br	VALOCCUPATION MOST OF WORKING LIFE)	er &	OR INDUSTI Carpent	ISINESS
21201	RETAIN BERECORDS	USU A 130. S			PROTHER INSTITUTION, GITY		re admission) town nsburg	13d. INSIDE CITY	LIMITS? 13.STR.	eet ADDRESS ngridge	Road		
MD	PM 3. PM 3. S. PM 3.	14. FA	THER'S NAME	rchie	MIDDLE C.	Seato	n	15. MOTHER	'S MAIDEN NAME Orence			atty	
LTIMOR	DURS AFTER DE. 18. GIVE PAGES 18. WITH FORM 17. PAGES 1 AN 19. DIVISION OF	16a. V	S, NO, OR UNKNO	O EVER IN U.S. AR/	MED FORCES? WAR OR DAYES)		SECURITY NO. 42-591	17. INFORMA	A SENT	ON CASA	DECC	insen to	看到
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE,	24 HOURS ITEM 18. C IONG WI PERMIT. PA		18 CAUSE O PART I DE	ATH WAS CAUSES	TE CAUSE (a)		ary Emb	olus				APPROXIMATE BETWEEN ONSE	
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	22a BI	PAPE OR PRI	Ear		er, M.	D.	AUUKESS		len Ave.	, Sal	isbury,	Md.
	BP	(5	Buria	1	3-20-82		sons C	emeter	y Sal	isbury,			Åd.
	DHMH - 17 (VR A15 ME (5))		NAME AKOr-I	ounds,	Salisbu	ry, Mo	1.	25	MAR 2	4 1982 7	REGISTRARIA	SIGNATURE WAIT	hen

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certificate be executed within 24 hours aft

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF BEATH

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST	MIDDLE	LAST	2e DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Har	rry Thomas	SHOCKLEY	MARCH 10	1982 238 4
3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BRITHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Male	White	April 17. 1892	89 YRS	MONTHS DAYS HOURS MIN
Ta. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? & MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U. S. A.	WIDOWED DI DIVORCED	Wicomico	MD
18 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR
Salisbury	Peninsula (General Hospital	Ret. Farmer	agriculture
Maryland W	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEF OUNTY 134 CITY OR TO 1COM1CO Marde	136 INSIDE CITY LIMITS?	Rt. 1	
Sylvester St	ewart Shockley	15. MOTHER'S MAIDEN NA Martha Wash	nington English	
166 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES	curityno 17 informant 2-1659 LuLa Grave	1010 Fai enor Salisbur	y, Md. 21801
PART I. DEATH WAS CA	er anly ane cause per line far (a), (b), USED BY, DIATE CAUSE (a)	and ichi		BETWEEN ONSET AND DEATH 48 MMS
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	- Illecandial	Marction	5 days
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTEY MEDICAL EXAM 216. INJURY OCCURRED	F DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive	aspital) attended the deceased from	0.0	death accurred on the date and ha	ur and from the couses stated
224 SIGNATURE	Mari II	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3. O.SZ
	MERRILL	POWER ST.	SALISBURY MO	2/80/
23s BURIAL CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
Burial		Mardela Cemeterv	Mardela Wic	omico Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

ATTENDING PHYSICIAN: The law requires that the death

TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician

BP.

DHMH-16 25M (VRA 15, 4) 1/79

FOR - STATE

74 FUNERAL DIRECTOR
Marvel-Short Funeral Home Inc. Delmar,

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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÷ (M)	1. DE	CEASED NAME FIRST	D WALLACE	SHOWELL	REG. NO. 20. DATE OF DEATH MONTH	0 1982 25 PM
en e	3. SE		2AA	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN
death. Po		COUNTRY) M.J.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU WICOINTIC	NTY OF DEATH
urs after by the filled with equalified	Sa	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN W NOT IN SUCH FACILITY, GIVE STREET A	(DDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
iy filled in should be	130	AL RESIDENCE ALL NUTSING HOME OF STATE 138 GOUN	TY 130. CITY OR TOWN	YES - NO -	13e STREET ADDRESS	муницования.
complete camplete s and 2		Was deceased ever in u.s. AR	MED FORCES? 166 SOCIAL SECUL	15. MOTHER'S MAIDEN N. FIRST RITY NO. 17. INFORMANT		50n LAST
te be execuican and copers. Pages		YES NO OR LINKNOWN) (IF YES, GIVI	y one cause per line for (a), (b), and	W7/176	& Thowal	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ires that the deoth certifico gned by the attending phys n pleose remave carbon pop buriol, cremation, or remave 7y, or ather troumatic event,		PART I. DEATH WAS CAUSE! IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	lio pulmon an	AMES!	
ne low require. In hos been sign permit. The permit is prior to lows ony injure.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH (20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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HOSPITAL OR ATTEN and by the hospital of the FUNERAL DIRECTOR and be detoched for ur the State Dept. of Hem 21 is		sow the deceased alive an obave, (I) (we) (did) (did not 27b. SIGNATURE	wiew the body after death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	hour and from the causes stated 21st. DATE SIGNED / 8/2
TO HOSPITAL retained by the TO FUNERAL should be detuned to with the State IMPORTANT:	23o. E	Gloria URIAL, CREMATION, REMOVAL	uyo	AME OF CEMETERY OR CREMATORY	WY, MJ.	1 1
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(VRA 1S, 4)	1	Jul gesser	a Dire	77.0	MAR 2 4 1982 Pass	es Jan Tarthen

Peninsula Cenaral Hogatual

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	REG. NO.				

1.	- STATE REGISTRAR		DEPARIN		ICATE OF DEATH	REG N	0	0 13	
	CEASED NAME FIRST	- A	MIDDLE	l	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	Ethel	**	Grace	Sı	nith	March 5	. 198:	2	M
3. SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Female	Whit	e	June		74	YRS.	ONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
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	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
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13a			GIVE RESIDENCE BEFORE 130 CITY OR TOWN Fruitle	V	13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 102 Hays	ward .	Ave.	
	ATHER S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDDIE		LAST	
	Minos	Car			Sally	Cather		Ower	1S
(WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	VE WAR OR DATES)	216-14-		Mrs. Shirl	ghter) ADDRI	Sox 4	9 den, N	1d.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMED). Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OF	RAS A CONSEQUE	dila	ramine mich	mad meter	thi	BETWEEN C	MATE INTERVAL INSET AND DEATH
TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I								
TIFICA	190 DATE OF OPERATION 190 CONDITION FOR WHICH 9/27/82 DOC. FOR				~				
MEDICAL CERTIFICATION	21a, ACCIDENT WAS UNDERLYING			2) C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1) 19					
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE			ARM, ETC.) 211 LOCATION STREET		CITY OR TOWN		COUNTY STATE	
	22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did r	n_ M-chi	19 8		9 , 19 & 1 nd that in (my) (our) apinion	ta, tadeath occurred on the do			that (I) (we) last couses stated
	22b. SIGNATURE Stedman	W. Smi	d		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		3/8	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				

Stedman W. Smith, M.D.

204 Newton Street, Salisbury, Md.

BURIAL, CREMATION, REMOVAL	23b. DATE
	3/9/82

236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
Springhill Memory Gardens, SaTisbury, Wic., Maryland

23a

14 FUNERAL DIRECTOR
HOLLOWAY FUNERAL HOME, Salisbury, Md

DHMH - 16 50M 1/76 (VR A 15 (4))

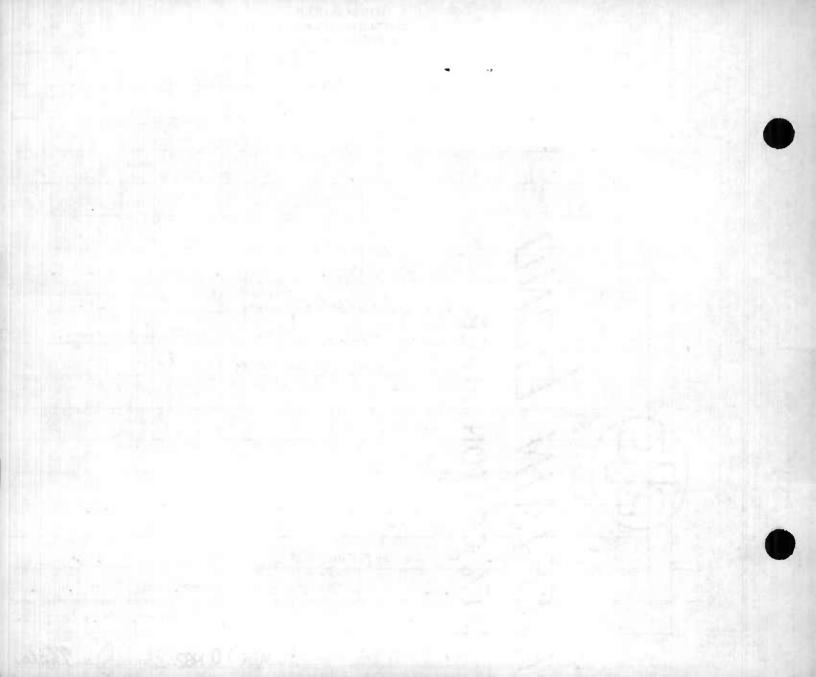
BP.

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bi

arked ar Hem 18 shows any

MPORTANT: If Item 21 is



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
BALTIMORE	
PRESTON ST.	
DS, 201 W.	
OF VITAL RECOR	
DIVISION	

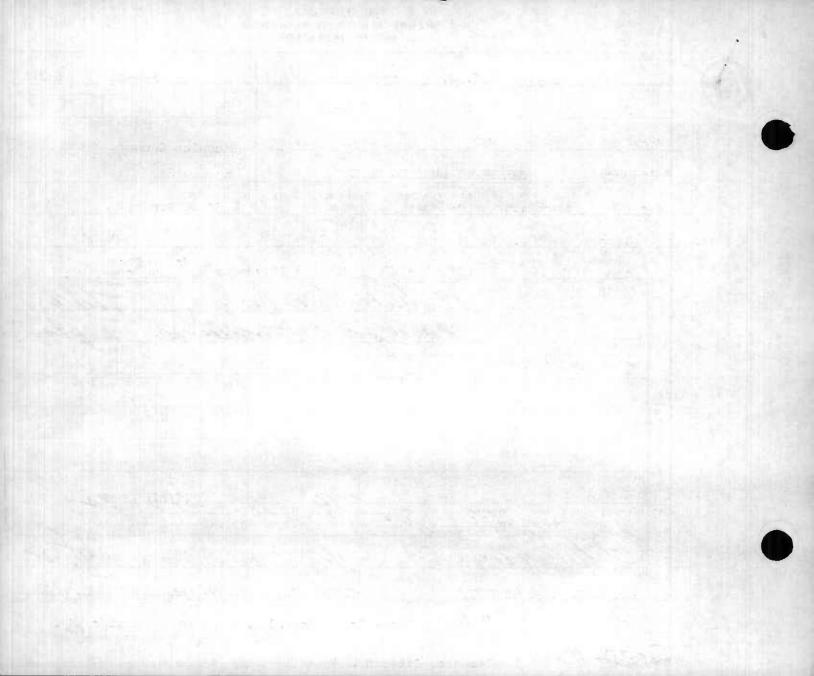
			STATE OF MARYLAND	0 0
	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
1.	DEC	EASED NAME . FIRST .	PIPOLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HG
1	(TYPE	DR PRINT) William	n Grant Smith	march 11, 1982
) 1	58/		RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UND
	1	lale	A A & 5 26 191	12 69 YRS MONTHS DATS HOUR
201	A. BIS	THPLACE DIATE OF FORE ON Th	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
20	4.CI	Y OR TOWN OF DEATH	WIDOWED DIVORCED	
80	C-		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE DESCRIPTION MOST OF WORKING LIFE) INDUSTRY
	To S	LISPURY	Peninsula General Hospita HHH INSTITUTION ONE RESIDENCE BY OR ADMISSION) 136 INSIDE CITY LIMIT 176 G FTY OR TOWN	
33	1	10 Some	erset Westover YES BY NO []	S? 13e. SPET ADDRESS V 255 Wester
70"	TA	HERS NAME MI	IDDLE QAST IS MOTHER'S MAIDEN	NAME MIDDLE P
S/U	60 W	ASSECTABLE EVER IN U.S. ARMI	ED FORCES? 1166 SOCIAL SECURITY NO. 11 SECURITY	9918 Denson Jacobs
	{Y			1 8/1 Bay 255 Mars
		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).)	APPROXIMATE IN BETWEEN ONSET A
- Sveni		PART I. DEATH WAS CAUSED IMMEDIATE	BY. Preliment - I led	BETWEEN ONSET A
		1659	DUE TO OR AS A CONSCOURNICEDE	
		Conditions, if any, which gave rise to immediate	(b) Belatual epiller	und some of her
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMAINIAL DISEASE OF CONDITION CIVEN IN DART 1
	Z O		TO THE TO THE TO THE TO THE TO THE	ELAMINAL DISEASE ON CONDITION GIVEN IN PART 110
7	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS US
	RJ F			YES NO YES NO
- /	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 19 216 PLACE OF INJURY 211. LOCATION	
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY
		220.1 certify that (I) (this hospital	, 17	2, to 3-11, 19 22, that (1)
		saw the deceased alive on above, (1) (we) (did nat)	view the body after death.	nian death occurred an the date and haur and fram the causes
		17h SIGNATURE	P CONTINUE DEGREE	NGMEDICALSTAFF
		274 PHYSICIAN'S MAME (1114 ORP	7 9 PHYSICIA	
I			Hinn.	enner Person Prince
Real Property	10	RIAL REMATION, REMOVAL	DATE 234 NAME OF CEMETERY OF CREMATO	DRY 1230 OCATION
100		ATTENDED TO STATE OF THE PARTY		CITY DRIOWN
9	-		3-13-82 Who Wosler	1 Ofta anver Ymorest
2	7	SEGAL PREGTOR	3-13-82 John Wester	DATE RECD. BY REGISTRAL 256 REGISTRAR S. SIGNATURE

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Salishory - Panimeula Concret Hospital - wrodalfel

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	1	FOR STATE	ENTAL HYG	IENE O	5	U	6 4	20				
	Ι.	REGISTRAR			CERTI	FICATE OF DE	ATH					
		CEASED NAME FIRST		MIDDLE		LAST	-	20 DATE C	REG. N		DAY YEAR	26 HOUR
	(TYPE	E OR PRINT)	_								0.0	
	3 SE.	, Marc		. G.		ENSON		1.405		3-9-		8:30A M
	3 36.	^	4 RACE		MONT	OF BIRTH	YEAR		YEARS LAST BIR	THDAY}	MONTHS DAYS	HOURS MIN.
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		IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PRIS	D NEVER MA	PRIED	9 BALTIM	ORE CITY O	R COUNT	Y OF DEATH	
2	Ma	ryland	USA		WIDOW		DRCED T			00		MD
		ITY OR TOWN OF DEATH	11. NAME OF	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION				120 USUAL	OT LEA	Coun	12b. KIND O	F BUSINESS OR
0	21	isbury /		RY NURSI		MF			ek for Most o u sewi f		IFE) INDUSTRY	
_	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION			1112		110	usewii	е		
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5		ryland Worce	ester	Pocomoke	9	4.0	10 🗌		ront S	tree	<u>t</u>	
	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S A	MAIDEN NAA	ME	WIDDLE		145	
30		George	D.	Gibbons		Emm					Powel 1	
-	16a V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	IRITY NO	17 INFORMAN	T		ADDRE			
1	1	no no ok unknown) (IF YES, GIV	E WAR OR DATES)	215-38-1	1874	Willia	m Stev	enson	4 Fro	nt St	treet City, Mo	
							0001	4	Pocoi	loke (ally, MC	MADE PATERVAL
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	POSOL	1111	(th)	Ante.	0511	100		MEDVINE	MENT AND DEATH
		1/ 5 1/ = IMMEDIAT	TE CAUSE (0)	Allev	reg ,	70100	1000	02/1			100	ce)
		7370	008 10.0	R ASSESSMENT OF THE PARTY OF TH	1989 -	2.10	· Les	in	6. 1.			. /.
		Conditions, if any, which	(10)_	quada	4/2	es un	144	NEC6	co si	1	7	20-
		gave rise to immediate cause (a), stating the	Tour to of	AS A CONSEQUE	INCE OF						1	
		underlying cause last	- (iel									
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	O THE TERMI	IN AL DISEAS	SE OR CONI	UTION GIV	VENUENDART 1/-	
	NO					The state of the s	O THE TERM	INAL DISEA	DE ON COM	JIIION GI	VEIN IN FART III	
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORA	AFD	20a AUT	OPSY?	20h JE VE	S, WERE FINDIN	ICS LISED
9	FIC				0, 2, 1, 1, 10	THO TENTON				IN CERTI	FYING CAUSES	OF DEATH?
1	R	210. ACCIDENT WAS UNDERLYING	7 214 7145 0	E INCOME.		Tax management		YES [NO		S 🗍	NO 🗌
9		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	AY YEAR	21c HOW INJU	RY OCCURR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		м.	19							
	ED	21d. INJURY OCCURRED	21e. PLACE			211 LOCATION			CITY OR TO		COUNTY	
	2	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE F	ARM, ETC)	SIREE			CITYORTO	1	COUNTY	STATE
		22s I certify that (I) (this haspin	tol: ottoindad	It consed from	~~	3/9	10		5/	9	81	
		sow the destined office on.	0/0	108	2	nd hot in (my) (or	IA DOMONDO O	lenth necure	ad an the de	to and have		hot (I) (we) lost
	156	object (we) (and) (did ear	twee the body	after death			or, opinion o	Jedin Occurr	ed on the do	те опа пос	-	ouses stoted
		11/1/10 L	10/11	110		DEGREE	T. (D.) 10				721. DAY	MED
		XIM W	un	de s			YSICIAN 2	MEDICAL	STAF PHYSIC		5191	82
		THE PHYSICIAN'S NAME ITHE	K PRINTS			22e ADDRESS					11	
	day	DD EADT M DI	E ADDOL EX	7		CTVITC A	TITE C	DT 5	0 641	TODII	DV MD	21801
-	23- 0	URIAL, CREMATION, REMOVAL			LANE OF S	CIVIC A				TODU	KI, MU.	21001
	1	SPECIEY)		100		EMETERY OR CRE			OR TOWN		COUNTY	STATE
	_	Burial	3/11	/02 P	itts	Creek Pr						id.
	74 FU	UNERAL DIRECTOR		ADDRESS			25	KET D SA	MERAR	SE PECHE	LARIS SHENWIS	ME U
	5	atte mely	21	None33							34.1	



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fun should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical exemp 0

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8 2 2

	1	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO).			
		CEASED NAME FIRS	ST .	MIDDLE		A51	20 DATE C	FDEATH	MONIH	DAY YEAR	2b. HOUR	
			George	W.	STEW	ART	March	14.1	1982		3:000	
)	3. SE	Х	4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRT	HDAY	IF UNDER I YEAR	IF UNDER 24 HRS	
		MALE	BLAC	K	SE	PT. 25. 190	00	81	YRS.	MONTHS DATS	HOURS MIN.	
	7a, BI	IRTHPLACE STATE OF FOREIG	N 76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9. BALTIM	ORE CITY OF		OF DEATH		
2	1	MARYLAND	US	A	WIDOWE		1 W	licomic	0		MD	
1	10. CI	ITY OR TOWN OF DEATH			SING HOME	OR OTHER INSTITUTION	12a USUAL	OCCUPATIO	N		F BUSINESS OR	
	-	Salisbury	Dee	HEACILITY, GIVE STR		nter		BOREF			MER	
-	USUA	AL RESIDENCE (IF NURSING HO		GIVE RESIDENCE BEF	ORE ADMISSION)				11111	7.1111	LLILE	
5			RCHESTER	FORK	NEC K	YES NO X	13e STREET		/IENN	IA. MD		
	_	ATHER'S NAME		- VIIII	TATAOTZ	15. MOTHER'S MAIDEN N		P		ART IND	•	
		NOAH	WIDDLE	STEWA	mc	FIRST		MIDDLE		CA FIRSTON 2		
3	16a V	VAS DECEASED EVER IN U.	S. ARMED FORCES?	16b SOCIAL SE		MARY 17 INFORMANT		ADDRES	SS	STEW	ALKOY .	
4	()	YES, NOOR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	220-0	30 811	8 EVA STEWA	ΛRΠ	C	AME			
			A			O DAY DITHU	TILL		PA PIES	APPROXI	MATE INTERVAL	
П		18 CAUSE OF DEATH (En	AUSED BY:	A 5/11	Ond IC	: 11. P.	45			BETWEEN	ONSET AND DEATH	
		Mac a a lami	EDIATE CAUSE (o)	120.1	Pu	1000	11	-	0	1 41	5	
		1470		R AS A CONSEC	DUENCE OF	decom	peus	atec	K	0		
		Conditions, if ony, which gove rise to immedia					7					
		couse (o), stoting the		R AS A CONSEC	DUENCE OF							
	5		(c)									
	Z	Man I + Ol	ANI CONDITIONS CO	NIRIBUTING I	O DEATH BUT	NOT RELATED TO THE TER	MINALDISEA	SE OR COND	ITION GIV	EN IN PART 10	,	
-	CERTIFICATION	19g DATE OF OPERATION	19h CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	205 IF VES	, WERE FINDIN	ICC LICED	
	FIC		178 607101	- CANADA AND AND AND AND AND AND AND AND AN				IN CERTIFYIN			ING CAUSES OF DEATH?	
	ERT	21a ACCIDENT WAS UNDERLYIN	IG 21b. TIME O	F IN ILIPY		21¢ HOW INJURY OCCU	YES [NO NO	YES		NO 🗌	
7		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH	DAY YEAR	IN HOW HAJORI OCCU	IRRED LENIER N	ATURE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	21e PLACE C		19	211 LOCATION						
	ME		LAT HOME STD	EET FACTORY, OFFIC	E FARM, ETC)	STREET		CITY OR TOW	'N	COUNTY	STATE	
		AT WORK AT WORK										
		22a.1 certify that (1) (this saw the deceased ali		deceased from			, to				that (I) (we) lost	
	- 27	above, (1) (we) (did) (d	did not) view the body	after death.		d that in (my) (our) opinion	n deoth occurr	ad on the dot	e ond hour			
		22b. SIGNATURE	, 7, -	11+	2	DEGREE ATTENDING	MEDICAL	. STAFF		22c. DATE		
	- 35	Muney	111,10	isuu	1 1411	PHYSICIAN	DIRECTOR	PHYSICI	AN	Mar	14,82	
		22d PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS						
		Nancy W .	TUSTIN. M	. D .		Deer's Head	d Cente	r. Sal	isbur	y. Md.	21801	
	23a B	SPECESTED SPECESTED		23		EMETERY OR CREMATORY	23d LOC	ATION		COUNTY		
		BURIAL	3617	/82	W.	ATERS	FC	KK NI	ECK	DOR.	MD .	
	24 FL	INTERAL DIRECTOR	2 1 6.	ST	CLAIR	F . HOME 25 10	TE REC'D. BY	REGISTRAR 2	ST EGISTI	R (R) SIGNAY	Brillen	
,	7	Cherick (Steam		RIDGE	MD.	11 0	1982	nanu	07	Administra	
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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

1 - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		0 0 2 0
I. DECEASED NAME FR	est wedge	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
The state of the s	. 7	D		17.00
3.5EX	Margaret /	Sturgis 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	-17-82 5:50 A
	1,0119,020		EAR	MONTHS DATE HOURS MIN
Pinter Lor	W	12-14-07		RS
BIRTHPLACE (STATE OFFICE)	76 CITIZEN OF WHAT CO	MARRIED NEVER MARRI	BALTIMORE CITY OR COL	INTY OF DEATH
Lreland	Lreland	WIDOWED TO DIVORCE		ntv M
CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL	, NURSING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATION	12b. KIND OF BUSINESS O
0.111	IF NOT IN SUCH FACILITY,		(TYP) O WORK FOR MOST OF WORK	NG LIFE) INDUSTRY
SALISBURY	Salisbury No	rsing Home	11043611176	Vien Home
30 STATE 13b		OR JOWN 13d. INSIDE CITY LIV	MITS? 13e. STREET ADDRESS	
M DUELALEL	preesier bin	HETYER YES NO		
. FATHER'S NAME	HEOU -	15 MOTHER'S MAIL		
John	PA	ver Ms	MIDDLE	FOX
E WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOC	IAL SECURITY NO. 17 INFORMANT	ADDRESS	101
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ND	172	106822 118111e	Wicholson Gir	dietree Ma.
II CAUSE OF DEATH E	Het anty one cause per line far (c	i), (b), and (c).		APPROXIMATE INTERVAL BETWEED ONSET AND DEATH
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117/	DUE TO, OR AS A CO	INSEQUENCE OF		
Conditions, if any, whi				
gave rise to immedia cause (a), storing t		INSEQUENCE OF		
underlying course fa	nt.	AND GODINGS OF		
PART 2 OTHER SIGNIER	ANT CONDITIONS CONTRIBUT	INIC TO DEATH BUT NOT BELLATED TO THE		
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
THE ACCIDENT WAS UNDERLYN				
THE DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FINDINGS USED
			YES T NOT	RTIFYING CAUSES OF DEATH?
21e. ACCIDENT WAS UNDERLYIN	NO [7] 21h TIME OF INJURY	21r HOW IN IURY	OCCURRED (ENTER NATURE OF INJURY IN ITEM	
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(FEITHER HOTH MORALES		19		
714 INJURY OCCURRED	21e. PLACE OF INJUR	211. LOCATION		COLLEGE
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	A COUNTY OF THE PARTY OF THE PA	1/0	3/17	R
	hospitali attended by decease	01/	8 - , to	, 1902, that (I) (we) los
saw he detensed all	we on Jew the body offer days	19 and that in (my) (our) o	apinion deoth accurred on the dote and	haur and fram the causes stated
ME SECRATURE 10	//	DEGREE		27E DATE SIGNIO
1/1/1/1/2	Will See	An a man	DING MEDICAL STAFF	2/10/00
Juny 2	munico 8		DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	4/1/182
THE PHYSICIAN'S NAME	(LASE ON MINUT)	22e ADDRESS		, ,
				CALCULATION SOLDS
	BEARDSLEY	CIVIC AVE		SURY, MD.
BURIAL CREMATION, REMO	OVAL 73h DATE	23c NAME OF CEMETERY OR CREM	23d LOCATION	- COUNTY STATE
13UMIA/	13-22-82	Whatenat Meth	6 4 - 11.11	
	les 2.2. a 2.	INVIIAIUUSI MEIN	וונא נאחרט וו	Manulanil

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this should be detached for use as with the State Dept. of Health

MPORTANT, If he

Merman F. Dennis, Snow Hill, Md.

MAR 24 1982 Proces Very Wather

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X	1 -	FOR	STATE OF MARYLAND	
	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	8 2 2 9
		CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN OF ESTI-	ONTH DAY YEAR 25 HOUR
PLEASE CCTOR. FILES. HOURS	3 SE	BENJ (I4 RACE		3 12 19 82 M
# 2 T V		ale negro	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHAY! ACCORDANCE MODER 1 YR. IF UNDER 24 HRS. 2c. DATE MOUNCED DEAD LAST BIRTHAY! ACCORDANCE MODER 1 YR. IF UNDER 24 HRS. 2c. DATE MOUNCED DEAD	3 12 19 82 P M
SSAR SAL I	7n. B	RTHPLACE (STATEOR	78. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO	DUNTY OF DEATH
NECESSARY, UNERAL DIR 5 FOR YOU! WITHIN 72		Vilginia	U.S. A WIDOWED DIVORCED WICOMICO COU	,
CHARLES OF		Salisbury	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] Peninsula General Hospital (DOA) 120. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	VORK 12b. KIND OF BUSINESS OR INDUSTRY
ANY DE SAN DE SA	USU.	AL RESIDENCE (IF IN NURSING HOM TATE 13b. COU	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JNTY 130. CITY OR TOWN 13d. INSIDE CITY HMITS? 130. STREET ADDRESS	
D. 2	10	ATHER'S NAME,	1 IS, MOTHER'S MAIDEN NAME	7 .
AND WE.A		Joseph	MIDDLE Stritch Wattie	Sukes
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WHITH PART	H	18. CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), and (c).)	APPEDRIMATE PATERNAL
N ST CHO SNG SNG ERMI ENE.			SED BY: NATE CAUSE (a) Stab wound of posterior chest	BETWEEN CHIEF AND DEATH
PRESTO THIN 24 CILINITI ANSIT P AL HYG REMOV		766 Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
W. P. N. P. P. N. P. P. P. P. P. P. P	1	gave rise to immedia cause (a) stating the unde	ite / (b)	
S. 2017 CUTED 7 'IN PR 1 EXAM URIAL- ION, C		lying cause last.	(c)	3 44 4 4
EMA PECA	z	PART 2 OTNER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
L REC	CERTIFICATION	190. DATE OF OPERATION	198 CONDITION FOR WHICH OPERATION WAS PERFORMED?	28 AUTOPSY?
VITAL R VITAL R VORD 'P VORD 'P VORD 'P VITOF HE BURIAL	I			YES NO
O FATTONO		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR XXXMONTH DAY YEAR	OR PART 2)
ISION PRICE PRICE PRICE	MEDICAL	CONTRIBUTING CAUSE O	218 PLACE OF INJURY (ATHOME. 211 LOCATION	
DIN THIS CI WARD WARDE PAGE 2 12 TO 1	¥	AT WORK AT WORK	STREET STREET Westover Hills Wic	COUNTY STATE
INER: 1 ICATE, PORM TOR, P	1	22a. I certify that I taak cha		ny opinion
SHXOIC	1	death resulted fram: A Nat	tural causes Accident , Suicide , Homicide V Undetermined manner .	
H WITH WITH WAR		ACTUAL SIGNATURE	TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SI	ATE 3-13-82
TO MEDICAL EXECUTE TO FUNERAL TO FUNERAL AFTER DEATH	1	14		10.112
ALTIPA ALTIPA		(TYPE OR PRINT)	n M. Dixon, M.D. ADDRESS 111 Penn St., Balto.,Mc	d. 21201
BP.	730.8	Bun A	236. DATE 236, NAME OF CEMETERY OR CREMATORY STORING TOWN ON THE TOWN OF THE T	SOUNTY STA
DHMH-17	24 F	INERAL DIRECTOR	ADDRESS SALISBUTY Ad. 250. DATE REC'D. BY REGISTRAR Db. REGISTRA MAR 23 1982	R'S SIGNATURE
(VR A15 ME (5)) 15M 2/80	K	ussell A. Fook	Ks 833 West MAIN Street MAR 23 1982 Janus	Lean / lather

Vingenia U.S.A THE END OF IL states Hitera Deargh State of the State of Sales Book State Rock Jerseft Filmsell H. Focks 333 west Main Street Chief the Contract Inches I the Lorent Language of the Contract Inches

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral cashould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 howith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	STA	TE	OF	MA	RYL	AND	
DEPARTMENT	OF	HE	AI1	TH A	ND	MENT	A

diam's	Ü	8	3	3

1	FOR STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYG	IENE REG. NO	o.	6 2	5 1
	DECEASED NAME FIRST YPE OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	Oralee		TAYL	OR.	March 9.	1982		9/300
3 9	SEX	4. RACE	5. DATE C	0.00	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
9	FEMALE	BLACK		12, DAY 1915	66	YRS	MONTHS DAYS	HOURS MIN
	BIRTHPLACE ISTATE OR FOREIGN LBANY, GEORGIA	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED DI	9 BALTIMORE CITY O	R COUNTY	Y OF DEATH	
/ s	CITY OR TOWN OF DEATH Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET, Deer's Head Cer	GHOME (ADDRESS) 1ter		120 USUAL OCCUPATE LABORER	ON # WORKING LI	12b. KIND C	F BUSINESS O
M	SUAL RESIDENCE (IF NURSING HOME OR ISTATE 135. COUNTY CAROL	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY LINE DENTON	ADMISSION)	13d INSIDE CITY LIMITS?	D. STREET ADDRESS PO BOX# 2	201,[ENTON,	MD
15	FATHER'S NAME JOHN (NM			15. MOTHER'S MAIDEN NAM	VIS MIDDLE		LAS	ī
	NO NO OR UNKNOWN) NO GIVE		IOWN	RCRDS OF DE	CER HEAD C		R	
		ly one couse per line for (a), (b), and DBY: E CAUSE (a) CONCLS	tive	heart fai	lure		BETWEEN C	MATE INTERVAL
	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	TI'C NCE OF	stenosis			,	
NOIT	PART 2 OTHER SIGNIFICANT C	.,			nal disease or cone			
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES IN CERTIF YE	S, WERE FINDING CAUSES	IGS USED OF DEATH? NO
MEDICAL CE		21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)	
MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	γN	COUNTY	STATE
	22a.1 certify that (1) (this haspit saw the deceased alive on a above, (1) (we) (did) (did not	al) ottended the deceased from	, or	d that in (my) (our) aprinion d	, to eath occurred on the do			that (1) (we) los couses stated
	226. SIGNATURE	tui, miD	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	MAR	9,198
	Nancy Tustin,	M.D.		Deer's Head C	enter: Sali	shum	2 1212	21801
230.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY CEMETERY	23d LOCATION GREENSBO			
24	FUNERAL DIRECTOR CHARLES	S W. HILL ADD DEN	TON,	MD 250. DATE	REC'D. BY REGISTRAR	25h BEGIST	RA WATE	Harthen

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the hospital or attending physician.

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Milisboro, Del.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DHMH-16 25M

(VRA 15, 4) 1/79

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	124		OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED PNEVER MARRIED	Wicomi	COUNTY OF DEATH	
deo deo	2		1/14		IDOWED DIVORCED			MD.
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4	BU	-		eninsula Gene		FADOVE	FOL	Itry
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e be	he		1	1754 017 202	-019 10 1114 111	righmin	Apppo	VIVE VIEW NEW YORK
hysic pop	t c		PART I. DEATH WAS CAUSED I	ane cause per line far (a), (b), and (c BY:				NIMATE INTERVAL
ng b	6		IMMEDIATE		NTRICVLAR HO	SMORRHA	65 5	HOURS
ndir cort	notic		43/0	DUE TO, OR AS A CONSEQUENC				
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thot by bose ol, c	0		underlying cause last.	(c) UNCONTR	ULLED HAPON	CTENSION	7	GARS
gned n ple	, v		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMI		TION GIVEN IN PART 1	la.
The The	5	CERTIFICATION						
beer mit. prior	ony	CAT	198 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
he hos	3	TIF		_		YES NO	YES T	NO [
	S S	CER	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
Clat physical physica			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR			
ding ding ding is ce Meri	0 10	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
then the	pe	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, FARM	. ETC.) STREET	CITY OR TOV	VN COUNTY	STATE
Afte os	nor		220.1 certify that (1) (this hospital	and the discussion of the second	3/9 10 82	2/9	10 82	
DR. DR.	S		saw the deceased olive on		Z, and that in (my) (aur) opinion d	, 10		
ATT OSPIN	m 2		obove, (1) (we) (did) (did nat) v 22b. SIGNATURE	iew the body ofter death		com occorred on me da		
O he h	± ±		220. SIGNATURE	0 12 . 0	DEGREE ATTENDING	MEDICAL STAF		E SIGNED
TAL Y th RAL det	7		michael (. I Ind	PHYSICIAN Z	DIRECTOR PHYSIC		19/82
HOSPITAL ned by the FUNERAL old be det	ATA		22d. PHYSICIAN'S NAME (TYPE OR PE	IINI)	22e ADDRESS			
O FUNI Hould b	MPORT		KICHARD E.	BIRD M.O.	233 FLORIDA	AVE, SALI	somy mo	21801
5 5 4 3 5 4 5 4	≥	23a E	URIAL, CREMATION, REMOVAL	236. DATE / 231 NAM	NE OF CEMETERY OR CREMATORY	23d LOCATION	Som	
BP			SPECIFY BURIAL	3/13/82 00	hn WESLEY	Princes	S Anni	md
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(VRA 15, 4)		9	Wirther la la	ADDRESS A	town Crist & GAAD	1 8 1082 7	CANCED THE	looke

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	3. SEX	male	White	5. DATE OF BIRTH	QTR 6. AGE (IN Y	DAY) ALONIT	DER 1 YR. IF UNDER		DATE DNOUNCED DEAD	MONTH	DAY YEAR	2d HOU LOA
10	7e. Bi	RTHPLACE IS PREIGN COUNTRY)	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MARRI WIDOW		RIED	Wi com	OR COUNT	19	N
0	10. CI	Salis	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM	E. OR OTH	ER INSTITUTION	120. USUAL	OCCUPATION (TO WORKING LIFE)	-	176. KIND OF BL OR INDUST	USINESS IRY
6	130. S	Md.	Wico	R OTHER INSTITUTION, GIVI TY Mico	RESIDENCE BEFORE ADMISS 136. CHTY OR TOWN Salisbur	, À	13d. INSIDE CITY LIMITS?	519	ADDRESS Winder	St.,	Apt.	58
0		THER'S NAMI	les	MIDDLE	Hitchen			EN NAME	Hitchen		LAST	
1	16a, V (Y	ES, NO, OR UNKNO		WAR OR DATES)	216-38-9		Mrs. K	imber	ADDRES		Salis.	Md
		PARTIDE	EATH WAS CAUSED	y ane cause per line f BY: Co E CAUSE (a)	oronary (cclu	usion				APPROXIMATE BETWEEN ONSE	T AND DEATH
OR REMOVAL.		gave ri	ns, if any, which se to immediate) stating the <u>under-</u> use last:	(b)	AS A CONSEQUENCE							
CREMATION, O	NO	PART 2 DTHER S	GHIFICANT CONDITIONS C		UT NOT RELATED TO THE TERM	MINAL DISEASE	DR CONDITION GIVEN IN PA	RT 1 (a).				
2	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPER	RATION W	AS PERFORMED?			2.10	2D. AUTOPSY	? NO X
1201 PRIOR TO BURIAL	CAL CER	UNDERLYING	NG CAUSE OF D		MONTH DAY YEA	R 21c. HC	OW INJURY OCCURRE	D (ENTER NATU	RE OF INJURY IN ITEM 1	8 PART I OR PART		NOE
	MEDICAL	21d. INJURY C	OCCURRED NOT WHILE AT WORK	71e PLACE OF	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CI	TY OR TOWN	COUN	484	STATE
LAND, Z		228. I certi		e of the remains described and the remains d		Autop:	Hamicide .		nauiry X, a	ind in my apir	nian	0
DRE, MAR		ACTUAL SIGNATURE	the	14	-	M	Deputy	MEDICA	LEXAMINER	DATE SIGNED	3-15-8	32
AFIER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 212	230.BI	EXAMINE (TYPE OR PRII JRIAL, CREMA	TION REMOVALES		rer, M.D.		ADDRESS	Camde 23d. LOCA CITY OR TO	n Ave.,	Sali	sbury,	Md.
	(5	Buri	al	3/17/82					rgetown	SNS	selfath	161
HMH - 17 115 ME (5))	24. FL	JNERAL DIREC	TOR		Salisbury		25a, DATE I	REC'D. BX RE	982 R 236 REC			01

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3	the second	3 2	3 5
		CEASED NAME FIRST	MIDDLE		LAST	2g DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
		NELSON		T	URNEK	MARCH	141	1982	11 A. M
	3. SEX	(4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
		MALE	WHITE	04	21 1911	70	YRS	DAYS HC	DUKS MIN.
		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF D	EATH	
7		MD.	U.S.A.	WIDOW		Wicom	ico		MD.
)		lisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Gen		Hospital	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	KIND OF BU DUSTRY	USINESS OR
5	13c. S	AL RESIDENCE (IF NURSING HOME OR TATE 135 COUNTY DO	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		13e. STREET ADDRESS 305 SI	IEP HERD	AVE	
	14_FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
			ANKLIN TURNE	R	MARY	ELLEN	E	LZEY	
>		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 219-70		GENEVA FRA	ALEY CA	5 SHEP		AVE
	No	Conditions, if any, which gave rise to immediate cause 10), stofing the underlying couse last	IN ONE COUSE PER line for (8), or D BY: TE CAUSE (a) DUE TO, OR AS A CONSEOU DUE TO: OR AS A CONSEOU CONDITIONS CONTRIBUTING TO	PLO G	NOT RELATED TO THE TERMI	MAL DISEASE OR COND		APPROXIMATE BETWEEN ONSE	AND DEATH
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WER IN CERTIFYING YES	CAUSES OF	
)	CAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART LOI	R PART 2)	
	MED	216 IN JURY OCCURRED WHILE OT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE I	FARM, ETC)	21f LOCATION STREET	CITY OR TOV	/N CC	YTMUC	STATE
		sow the deceased afive on	tal) attended the deceased from 190	PZ_, 01	nd that in (my) (our) opinion d	eath accurred on the do	te and haur and		o(I) (we) lost ses stoted
		226. SIGNATURE	G SS		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	3/14	A 7
		224 PHYSICIAMS NAME (TYPE O	PR PRINT)		22e ADDRESS /	MICN)	120115	7 5	TOFFT

23c. NAME OF CEMETERY OR CREMATORY

MEM. PARK

DOR.

DHMH - 16 50M 1/81 (VRA 15, 4)

HOSPITAL

should be detached for use as the burial-transit permit. Then please remove carbani with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or rem

MPORTANT: If Item 21 is morked or Item 18 shows ony

23a. BURIAL, (SPECIFY)

CREMATION, REMOVAL

BURIAL

TO FUNERAL DIRECTOR: After this certificate has been

24 FUNERAL DIRECTOR
THOMAS FUNERAL HOME CAMBRIDGE MD.

23b. DATE

3/16/82

CAMBRIDGE DOL

MD.

THE LOUIS THE PARTY OF THE PART THE COLUMN THE PROPERTY OF THE PARTY OF THE

Marvel-Short Funeral Home Delmar. De.

FOR - STATE

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

1301

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	RE	GISTRAR				ME		EXAMI	NER'S	CERTIFI	CATE	OF DE	HTA	REG	. NO.			
		ASED NAME		FIRST		. 100	WIDDLE	20 23		LAST	103-1		20. DATE	KNOWN ESTI-	MON	TH DA		The Trook
L				JAM			E		WATE				DEATH	MATED	D 3.	-1-8		8 05A
k.	SEX		RACE		5. DATE (DAY	YEAR	6 AGE (IN		HS DAYS	HOURS	R 24 HRS.	2c. DAT	NCED	MONT	H DA	AY YEA	2d. HOUR
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C		OR TOWN		-3.3	11 NAM	E OF HOS	SPITAL, NU	JRSING HO	ME, OR OTH	ER INSTITU		12a US	UAL OCCI	JPATION	(TYPE OF WOI	RK 12b.	KIND OF	MD.
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	SUAL a. STA	RESIDENCE (1135	COUNT		TITUTION, G	LIGUE CITY	Y OR LOWN	ision)	13d, INSIDE	CITY LIMITS?	13e. ST	SEET ADDR	ESS Box	151			
14	l. FAT	HER'S NAME									ER'S MAIL		-					
1		Joh	n		WIDDLE	1 5	Wate	rs			enri		a	MIDDLE	M	oor	e LAST	
16	o. WA	S DECEASED	EVER IN L		NED FORCE			CIAL SECUR			MANTMA		_	ADDR		Α.		
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1			ater						amine vizeri	t on combining	on otven mi	MAI I (U.						
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						Gang	gren	e, ar	terl	oscle:	rosi	s, t	1018	TII	actu	res	YES 🗆	NO X
		10 EXTERNAL	CAUSEY	Affi	ed 216	OUR A.M	NONTH	DAY_ YE	AR 21c. H	OM INJUR.	YOCCURR	RED LENTER	NATURE OF II	VJURY IN ITEM	A 18 PART 1 OF	R PART 2}		
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		death resulte	d fram:	Natura	Reauses	□	Accident	X ,	ovicide	Ham	icide .	Unde	termined m	anner],		26	
		CTUAL	1	11	. ,	1	Ver	ified		- '	SPECIFY)				DA	TE		90
		IGNATURE_	1/2	4	(1		/	N	.D. De	puty	MED	ICAL EXA	MINER	SIG	TE SNED	3-4-	-82
	- Inte	XAMINER'S N	IAME E	arl	L.	Roy	er,	M.D.		ADDRESS_	409	Camo	len l	Ave.	, Sa	lis	bury	, Md.
23	O. BUR	IAL, CREMAT				00		NAME OF C				CITY	OCATION		c	OUNTY		STATE
_	A 5111		rial		3-5.	-82	Ce	nten	nial	Ceme	tery	LO	ver I	1111	, So	mer	set,	Md.
		thony			271	ADDRESS	- 01	., e		7.2	250. DATE	PR 5	r REGISTR	AR 256. R	EGISTRAR'	SIGN	ATURE	to a
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1		1.	FOR STATE			DEPARTI		EALTH AND MENTAL HY	SIENE &	()	8 2	5 8
1			REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
			CEASED NAME	FIRST		AIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR 7
oy be		3 SE:	Mil	dred	RACE		W	EBSTER	MARCI	4 14	1982.	5 A M
ge 4 m	1	3 SE.	F	1	W		June	20°,191°6°	6 AGE (IN YEARS LAST BII	YRS YRS		UNDER 24 HRS
th Po	k)<		RTHPLACE (STATE OR FO	REIGN 7	USA	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
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rthin tely 2 sh	Sine	14 FA	THER'S NAME		20.5		371	15 MOTHER'S MAIDEN NA				
mple ond	10		Herman	AA	Das	shiell		Flona	MIDDLE	L	hite	
es les	0		AS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		11200	
be exected and ond conditions.	E Z	(es no or unknown)	(IF YES, GIVE	WAR OR DATES)	217-44	-1385	Walton We	ebster, We	enona,	Md.	1.00
certificate ling physic orbonpope or removal.	ric event, ff		18 CAUSE OF DEATH PART I. DEATH WA	Enter anly S CAUSED MMEDIATE	BY: CAUSE (a)	Carei	lorna	of Colon	4:16 h	e Yas Pass	APPROXIMATI BETWEEN ONSE	T AND DEATH
deoth ottend ove co	0 0 0		Canditians, if ony,	which	((b)_	R AS A CONSEOU	ENCE OF					
that the base remail, crema	romer		gave rise to imme cause (a), stating underlying cause	the last.	DUE TO, OR	AS A CONSEQUI	NCE OF					
equires the n signed b Then plea to burial,	ınlury, o	NO	PART 2 OTHER SIGNI	ia he	NOTIONS CO	MARIBUTING TO	ATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN I	N PART Ira	
he lo on. hos per	2	CERTIFICATION	190. DATE OF OPERATH	-	19b. CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING	G CAUSES OF	USED DEATH?
ZNOOT	9		210. ACCIDENT WAS UNDER	USE OF DEATH		A. MONTH D		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	or nem	MEDICAL	(IF EITHER NOTIFY MEDICA		P.A		19	211 LOCATION				
	rked	ME	WHILE NOT WHILE AT WORK AT WORK			ET, FACTORY OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
NDIP No I or No I or N	E		22a. I certify that (1) (1	his haspita			2	115 1982		14 195	that	(I) (we) last
Spita Spita Spita Spita for	7		saw the deceased abave, (1) (we) (did	olive on_	view the badyle		6 . 6n	d that in (my) (our) opinion	death occurred on the d	ote and hour one	from the cou	ses stated
TAL OR A y the hos tal DIREC detached ote Dept.	E .		226. SIGNATURE	8	N	///		DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE SIG	NED/
HOSPITAL ned by 11 FUNERAL old be det 1 the Stote	Ž		22d. PHYSICIAN'S NAM	AE LTYPE OR S	POINTS	/ Man	-		DIRECTOR PHYSIC	IAN 🗌	3/14	182
0 0 0 + 6	É		BENI	170	S.	CHA	(N)	547-1	Riverse	de D.	. Sa	lisher
of of share was a	4		URIAL, CREMATION, RI	MOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		10150	- 250
BP	10		burial	14	Mar.l'	7,1982	St. I	aul's Cem.	Wenona	Somer	et 9	ather
DHMH - 16 50M 1/8 (VRA 15, 4)	31	24 FL	ENOY !	Wes	Ster	WDDWF 33		354 250 DAI	AR 1.9 1982	2 FECTSUS	Dennis	COLUMN TO THE REAL PROPERTY.

ME SOTIK MARKER AS REPORT ALE, a Gently, Postague Constral Consider Constant back miell z z enone destecht Dagasell Flore 217-44-1385 Malton webster, Warons, S. Sur! - Leave to long as the come wenters specified with APE XOS.E.

21	FOR STATE				MENT OF H	EALTH A		ENTAL HY	-	66 CB		0	8 2	3	9
1.5	REGISTRAR ECEASED NAME	FIRST	ME	MIDDLE	EXAMINE	R'S CE	RTIFIC	CATE O		DATE	REG.		ONTH DAY	YEAR	Zh. HOUE
	YPE OR PRINT)	WALT	ER R	AY	W	HITE	HEAL		1	OF DEATH	ESTI- MATED	25 3	-30-8		P
1		RACE Black	5. DATE OF BIRTH	45	6. AGE LIN YEAR	MONTHS	ER 1 YR.	IF UNDER 2		C. DATE RONOUN DEAD	ICED	3-3	31-82	YEAR . 5:	24. HOUR 26A
	BIRTHPLACE (STATE		76. CITIZEN OF W		TRY?			/ER MARRIE				y or co	OUNTY OF DE	ATH	ME
	ates. N. CITY OR TOWN OF Calisbur		11. NAME OF HOS (IF NOT IN SUCH FA 200	PITAL NU	RSING HOME	OR OTHER	RINSTITUT		12a USU	AL OCCUP OST OF WOR ABLEI	KING LIFE)	(TYPE OF W		O OF BUS	SINESS Y
	JAL RESIDENCE (IF) STATE Md .	113h COUNT			OR TOWN		3d. INSIDE EL	TY LIMITS?				lltc	on Ave		
14.1	FATHER'S NAME FIRST		MIDDLE	WI	LAST HITEHEAI		FI	R'S MAIDEN	NAME	м	IDDLE			SON	
	WAS DECEASED E (YES, NO, OR UNKNOWN YES	I IF YES, GIVE	MED FORCES? WAR OR DATES) AM WAR	1	S-48-82		7. INFORM PEGGY	T. W	HITE	HEAD	ADDR SA		AS ABOV	/E	
	18 CAUSE OF D PART I DEAT		E CAUSE (a) AC	for (a), (b	onge.	stiv	е Не	art 1	Fail	ure	Š.K		BETWE	en onset	AND DEATH
	gove rise	if any, which to immediate ating the under-	(b) Mo	orbio	ISEQUENCE O	ity								year	°S
TION		FICANT CONDITIONS	(c)		ATED TO THE TERMIN				110				2D. A1	JTOPSY?	
CERTIFICATION	21a EXTERNAL				WINCHOPERA								YE	s 🗆	NO K
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF E	DEATH P.A	I. MONTH	DAY YEAR 19			OCCURRED	ENTERN	ATURE OF INJ	URY IN ITEA	M 18 PART 1	OR PART 2)		
MED		CURRED NOT WHILE CAT WORK	21e PLACE STREET, FAC	OF INJURY TORY, FARM, E		21f. LOC.				CITY OR TO	WN		COUNTY		STATE
	220 I certify to		e of the remains de	Accident		Autopsy	Homic	Inspection		Inquiry	X,	ond in r	my opinian		
730.	ACTUAL SIGNATURE	ul	5			M.D	De De	pecify)	MEDI	CAL EXAM	NINER	D S	DATE 4-	-1-8	2
4	EXAMINER'S NA	ME Earl	L L. Ray	er,	M.D.		DUKESS.	409			ve.	, S	alisbu	ry,	Md
.23a	BURIAL, CREMATIC (SPECIFY) BURIAL		3b. DATE 4/4/82		NAME OF CEM ETERAN "					CATION PRIOWN LAH	DO	ORCH	ESTER N	STA MARYI	

the compelate core internal rafe

FOR

- STATE

REGISTRAR 1. DECEASED NAME (TYPE OR PRINTS

LACIE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

GIENE	d	G-a		1)	Ö	64	4	
		REG. N	0.					
20 DA	TE OF E	DEATH	MONIH	DA	Y YE	AR	2b HOt	JR 2
	ria	RCI	12	811	182	-	11	A
6 AGE	(IN YEA	RS LAST BIR	THD AY)		UNDER I	YEAR :	HOURS	R 24 HRS
		74	YR					
9 BAL		E CITY O			FDEAT	H		
	-	icon)				M
		OR MOST C		G LIFE)	12b. KII INDUS		BUSIN	ESSO
X	Jones	12.6	wif	ر	1	Vo	re	
13e ST	REET AL	DRESS	-					
	1133					T		
ME	,	MIDDLE /				LAST		
bet	4	No	lle	1				
nn	2	ADDRE	Val	ts	vil	4	· OR	
			50.00		BETV	PROXIN	NATE INTE	PEATH
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w	cu	mu			Y	125		
ecul	in o	lun Sen	in		>	IRS	-	
AINAL DI	SEASE	OR CON	DITION	GIVEN	IN PAR	RT 110		
200	AUTOP	SY?	20h IF IN CEI	YES, V	VERE FI	NDIN JSES (GS USE	D TH?
YES		NO.		YES			NO [
RED (EN	ITER NATU	RE OF INJUI	RY IN ITEM	18 PART	I OR PAR	1 2)		

4 RACE 3. SEX 5 DATE OF BIRTH MONTH YEAR FEMALE CAUC 26-1882 10 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Peninsula General Salisbury Hospital 4 FATHER'S NAME 15. MOTHER'S MAIDEN NA LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMAN IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 229-07-0572 18 CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCUR HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH FIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from. sow the deceased alive on bove, (1) (1) (1) (did not) view the body after death. and that in (my) Out apinion death accurred on the date and hour and from the causes stated DEGREE MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Carrie

DHMH - 16 50M 1/81 (VRA 15, 4)

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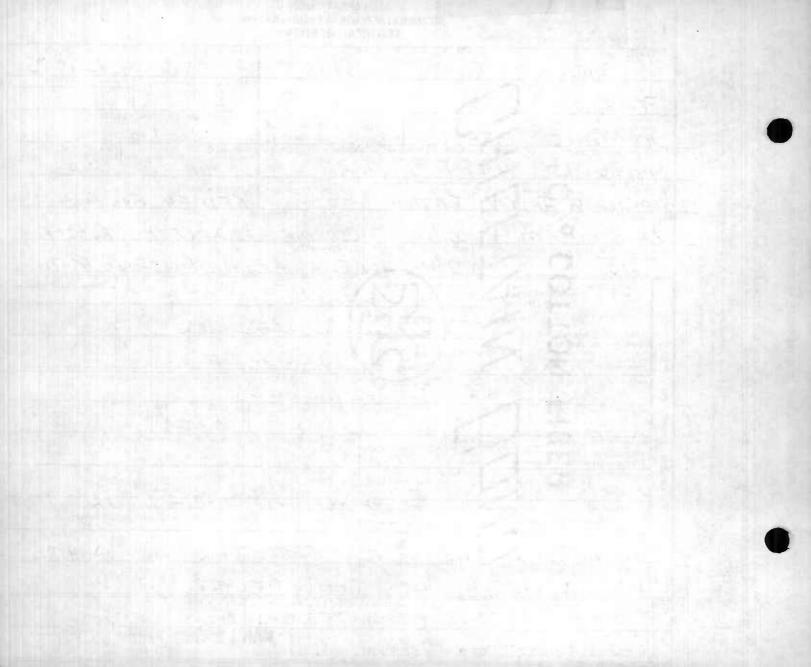
MPORTANT

24 FUNERAL DIRECTOR

religious appointments Concret Hospital Sycamore Contraction Plant of the seconds whether the The state of the s

(VR A 15 (4)) 9/74

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

S	2	U
	REG. NO.	

BALTIMORE CITY OR COUNTY OF DEATH

1 - STATE REGISTRAR	
1. DECEASED NAME	FIRST
Will	15

3. SEX

LAST

WRIGHT

1900

MARCH 6. AGE LIN YEARS LAST BIRTHDAY

2n. DATE OF DEATH

IF UNDER 1 YEAR

2b HOUR

a BIRTHPLACE I STATE OR FOREIGN

THE CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED

DIVORCED

Wicomico 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE

-ARMER

12b. KIND OF BUSINESS OR INDUSTRY

10 CITY OR TOWN OF DEATH Salisbury

Peninsula General

comica

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b, and ic.

4 RACE

13d INSIDE CITY LIMITS?

Hospital

4 FATHER'S NAME

ARMED FORCES? (IF YES, GIVE WAR OR DATES)

APPROXIMATE INTERVAL

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the

underlying cause

90 DATE OF OPERATION

OR UNKNOWN)

DUE TO, OR AS A CONSEQUENCE OF Hypertensia

(brolismen

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

19

0.	ACCIDENT	WAS UNDERLYING	

saw the deceased alive an_

CREMATION, REMOVAL

21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM, ETC 1

NO

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

21d. INJURY OCCURRED NOT WHILE AT WORK

22b. SIGNATURE

220.1 certify that (1) (this haspital) attended the deceased fram_ 10 Mm above, (1) (we) (did) (did nat) view the body after death

20 J 6m

STREET

211 LOCATION

MIT and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

22c. DATE SIGNED

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DEGREE

540 Riverside DR. Salisbury, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

CERTIFICATION

BY BULL WARREN to take it is a facility of the facility of th March Miles of March 1975 - The Comment of the March of t REAL MARKET STATE OF THE STATE OF THE PARTY WHILE PARKET STATE HOSPINGS WITH CITY LENGTH DC THE RANGE LANGE OF EDWORD I CITY IN THE SHOCKING SHE WAS SHOULD IN 2011 Ele Springh V makety to want William Ill Service of the service with the service with the property of the service of the s